

No. W 184814	Due no later than Jun 30, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MIKE MCCAUSEY 1249 N 3500 E ASHTON ID 83420				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MIKE MCCAUSEY REPAIR LLC MIKE MCCAUSEY PO BOX 362 ASHTON ID 83420		3. <u>New</u> Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager or Member Name Street or PO Address City State Country Postal Code							
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Michael McCausey	1249 N 3500 E Box 362	Ashton, ID. US 83420				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Rael McCausey	1249 N 3500 E Box 362	Ashton, ID. US 83420				
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 184814 </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Signature: <u>Michael McCausey</u> </td> <td style="width: 50%; border: none;"> Date: <u>May 4, 2018</u> </td> </tr> <tr> <td style="border: none;"> Name (type or print): <u>Michael McCausey</u> </td> <td style="border: none;"> Title: <u>owner</u> </td> </tr> </table>		Signature: <u>Michael McCausey</u>	Date: <u>May 4, 2018</u>	Name (type or print): <u>Michael McCausey</u>	Title: <u>owner</u>
Signature: <u>Michael McCausey</u>	Date: <u>May 4, 2018</u>						
Name (type or print): <u>Michael McCausey</u>	Title: <u>owner</u>						
Issued 04/26/2018 by TAH		128027					