

|  |                 |   |          |  |         |                  |  |
|--|-----------------|---|----------|--|---------|------------------|--|
| No. <b>W 108197</b>  |                 | <b>Due no later than Nov 30, 2016</b>   |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>   |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br>TWIN RIVER TRUCK REPAIR LLC<br>JASON BRITTON<br>PO BOX 1223<br>LEWISTON ID 83501 |          | JASON BRITTON<br>3914 HATWAI RD<br>LEWISTON ID 83501 |         |                  |  |
|  |                 |   |          | 3. <u>New</u> Registered Agent Signature:*           |         |                  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |                 |   |          |  |         |                  |  |
| Office Held  | Name            | Street or PO Address  | City     | State  | Country | Postal Code      |  |
| MEMBER   | JASON W BRITTON | 3724 21ST E   | LEWISTON | ID   | USA     | 83501            |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*   |          |  |         |                  |  |
| <b>ID<br/>W 108197</b>   |                 | Signature: Jason W Britton  |          |  |         | Date: 11/01/2016 |  |
|  |                 | Name (type or print): Jason W Britton   |          |  |         | Title: Owner     |  |
| Processed 11/01/2016   |                 | * Electronically provided signatures are accepted as original signatures.   |          |  |         |                  |  |