| No. <b>W 30628</b>   |  | Due no later than May 31, 2015   |                        | 2. Registered Agent and Address (NO PO BOX)                              |               |                |  |
|--|--|--|------------------------|--|---------------|----------------|--|
| Return to:   |  | Annual Report Form   |                        | ERICK MCLAUGHLIN   |               |                |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | M.C. MOTORS<br>ERICK MCLAU<br>24433 HARTLI | 1. Mailing Address: Correct in this box if needed.  M.C. MOTORS & EQUIPMENT LLC  ERICK MCLAUGHLIN  24433 HARTLEY  MIDDLETON ID 83644 |                        | 24433 HARTLEY LN MIDDLETON ID 83644  3. New Registered Agent Signature:* |               |                |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |  |  |                        |  |               |                |  |
| 4. Limited Liability Companies: Ente   | er Names and Addresse                      | es of at least one Member or Manager.  |                        |  |               |                |  |
| Office Held Name   |  | Street or PO Address   | City                   | State  | Country       | Postal Code    |  |
|  | MCLAUGHLIN<br>NN MCLAUGHLIN                | 24433 Hartley LN<br>24433 Hartley LN   | MIDDLETON<br>MIDDLETON | ID<br>ID   |               | 83644<br>83644 |  |
| 5. Organized Under the Laws of:  | 6. Annual Repor                            | 6. Annual Report must be signed.*  |                        |  |               |                |  |
| ID   | Signature: ER                              | Signature: ERICK MCLAUGHLIN Da   |                        |  | e: 05/15/2015 |                |  |
| W 30628  | Name (type o                               | Name (type or print): ERICK MCLAUGHLIN   |                        | Title: MANAGER   |               |                |  |
| Processed 05/15/2015   | * Electronically p                         | * Electronically provided signatures are accepted as original signatures.  |                        |  |               |                |  |