| No. W 61705 | | Due no later than Apr 30, 2016 | | 2. Registered / | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|--|---------------------------------------|-----------------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | POTENTIAL MARK BANKEY | LYLE L MCFADDAN 8600 CHAPARRAL RD EAGLE ID 83616 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. AUTOTRANZ TRANSMISSION, LLC LYLE L MCFADDAN 9990 W STATE ST STE C BOISE ID 83714 | | EAGLE ID | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | anies: Enter Na | mes and Address | es of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER LYLE L MCF. | | FADDAN | 8600 CHAPARRAL RD | EAGLE | ID | | 83616 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Ly | | Date: 02/26/2016 | | | | |
| W 61705 | | Name (type o | | Title: Owner | | | | |
| Processed 02/26/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |