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| No. W 16033 | | Due no later than Jul 31, 2018 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. AUTO GLASS EXPERTS, LLC KARALEE ROBINSON 495 E. 1ST STREET IDAHO FALLS ID 83401 | | GREGORY P MEACHAM 495 1ST STREET IDAHO IDAHO FALLS ID 83401 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | JOHN D ROBINSON | 495 E. 1ST ST | IDAHO FALLS | ID | 83401 | | |
| MEMBER | KARALEE ROBINSON | 495 E. 1ST ST | IDAHO FALLS | ID | 83401 | | |
| 5. Organized Under the Laws of: ID W 16033 | | 6. Annual Report must be signed.* Signature: Karalee Robinson Name (type or print): Karalee Robinson | | | | | |
| | | Date: 05/21/2018 Title: owner | | | | | |
| Processed 05/21/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | |