No. W 21368	Due no later than Nov 30, 2011	2. Registered Agent and Office (NOT A P.O. BOX)
Return to:	Annual Report Form	MICHAEL R BARLETT
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720	1. Mailing Address: Correct in this box if needed. GRAMP'S AUTO REPAIR LLC	5934 S MARSH CREEK RD MCCAMMON ID 83250
BOISE, ID 83720-0080	5934 S MARSH CREEK RD MCCAMMON ID 83250	3. <u>New</u> Registered Agent Signature.
NO FILING FEE IF RECEIVED BY DUE DATE		İ
4. Limited Liability Compani	ies: Enter Names and Addresses of Managers OR Member	s. See Instructions.
Manager or Member Nam Manager Member (circle one)	le Street or PO Address	City State Country Postal Code
 	L R. Bartlett 59345. Worlsh ek	
5. Organized Under the Laws of IDAHO	5: 6. Signature: Michael R. Bar	tletl Date: 9-16-11
W 21368	Name (type or print): Michael R. Ba	
Issued 09/13/2011 by LJC		132253

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM