No. **W 80053**	**Due no later than Dec 31, 2016** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** TRI-COUNTY REPAIR LLC JASON M DAVIS 690 S 3RD WEST MOUNTAIN HOME ID 83647 USA	JASON M DAVIS 1703 NE SUMMERWIND DR MOUNTAIN HOME ID 83647 3. New 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
MANAGER	JASON M DAVIS	1703 NE SUMMERWIND DR	MOUNTAIN HOME	ID	USA	83647

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 80053**	Signature: JASON DAVIS lme	Date: 10/27/2016
	Name (type or print): JASON DAVIS lme	Title: MEMBER

Processed 10/27/2016

* Electronically provided signatures are accepted as original signatures.