

No. W 5163	Annual Report Form 1993 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX GARY ASSON 1486 BLUE LAKES BLVD N TWIN FALLS ID 83301																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		3. Organized Under the Laws of: ID 4 5167																		
	CAR STORE LLC (THE) 1486 BLUE LAKES BLVD NORTH TWIN FALLS ID 83301																				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 15%;">Name</th> <th style="text-align: left; width: 40%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 15%;">State</th> <th style="text-align: left; width: 5%;">Zip</th> </tr> </thead> <tbody> <tr> <td>MANAGING PARTNER</td> <td>— GARY ASSON</td> <td>2445 RIVER ROAD</td> <td>HEYBURN</td> <td>ID</td> <td>83336</td> </tr> <tr> <td>II</td> <td>— DANNY W ASSON</td> <td>621 WEST 24TH</td> <td>BURLEY</td> <td>ID</td> <td>83318</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	MANAGING PARTNER	— GARY ASSON	2445 RIVER ROAD	HEYBURN	ID	83336	II	— DANNY W ASSON	621 WEST 24TH	BURLEY	ID	83318
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II	— DANNY W ASSON	621 WEST 24TH	BURLEY	ID	83318																
5. Signature of New Registered Agent 		6. Signature Name (Typed or Printed) DANNY W ASSON Date 7/11/98 Title MANAGING PARTNER																			

ISSUED: 07-03-1998

↓ DO NOT TAPE OR STAPLE ↓

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