

|  |             |  |         |  |         |             |  |
|--|-------------|--|---------|--|---------|-------------|--|
| No. <b>W 97884</b>   |             | <b>Due no later than Nov 30, 2011</b>  |         | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |             | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>WORM CREEK REPAIR LLC<br>MARK W OWEN<br>1352 N 2200 E<br>PRESTON ID 83263 |         | MARK W OWEN<br>1352 N 2200 E<br>PRESTON ID 83263   |         |             |  |
|  |             |  |         | 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 |  |
| MANAGER  | MARK W OWEN | 1352 N 2200 E  | PRESTON | ID   | USA     | 83263       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 97884</b>   |             | 6. Annual Report must be signed.*<br>Signature: Mark W Owen<br>Name (type or print): Mark W Owen<br>Date: 11/07/2011<br>Title: Owner       |         |  |         |             |  |
| Processed 11/07/2011   |             | * Electronically provided signatures are accepted as original signatures.  |         |  |         |             |  |