| No. W 171725 | | Due no later than Sep 30, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. TIRE KING LLC PO BOX 5377 TWIN FALLS ID 83303 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|--|-----------------------------------|--------------------------|---|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | 1411 FALLS TWIN FALLS | GREG EDGAR 1411 FALLS AVE E STE 1201 TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | |
| RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Comp. | anies: Enter Na | mes and Addresses o | f at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | MIGUEL OROZCO | | 712 MAIN AVE SOUTH | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Greg Edgar | | | Date: 07/24/2017 | | | |
| W 171725 | | Name (type or print): Greg Edgar | | | Title: Member | | | |
| Processed 07/24/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |