No. W 158712	D	ue no later than Nov 30, 2017	2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TOM ANDERSON			
SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address: Correct in this box if needed. TOM'S O.E.M. PERFORMANCE LLC TOM ANDERSON PO BOX 614			4141 GLEN BROOK DR HAILEY ID 83333			
PO BOX 83720 BOISE, ID 83720-0080							
	BELLEVUE ID 83313		3. <u>New</u> Regi	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter N	ames and Address	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER TOM H ANDERSON		4141 GLENBROOK	HAILEY	ID	USA	83333	
5. Organized Under the Laws of: 6. Annual Report must be signed.*		rt must be signed.*					
ID	Signature: Tom Anderson			Date: 11/18/2017			
W 158712	Name (type or print): Tom Anderson			Title: manager			
Processed 11/18/2017	* Electronically provided signatures are accepted as original signatures.						