| No. W 138350 | Due no later than May 31, 2015 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|------------------------------------|-----------------|---|---------|-------------|--|
| Return to: | Annual Report Form 1. Mailing Address: Correct in this box if needed. WHITE HAT REPAIR, LLC LUCAS WILHITE PO BOX 52 GREENLEAF ID 83626 | | | LUCAS WILHITE 20571 FRIENDS RD GREENLEAF 83626 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | GREENLEAF | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Companies: Enter Na | ames and Addresses | of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER LUCAS JAM | IES WILHITE | 20571 FRIENDS RD | GREENLEAF | ID | USA | 83626 | |
| 5. Organized Under the Laws of: | 6. Annual Report | must be signed.* | | | | | |
| ID | Signature: Luca | as Wilhite | | Date: 03/27/2015 | | | |
| W 138350 | Name (type or print): Lucas Wilhite | | | Title: Owner | | | |
| Processed 03/27/2015 | * Electronically provided signatures are accepted as original signatures. | | | | | | |