

|                                                                                                                                                        |               |                                                                                |          |                                                           |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|----------|-----------------------------------------------------------|------------------|-------------|--|
| No. <b>W 43100</b>                                                                                                                                     |               | <b>Due no later than Sep 30, 2009</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>Annual Report Form</b>                                                      |          | THOMAS R GEIL<br>6613 CLEVELAND BLVD<br>CALDWELL ID 83607 |                  |             |  |
|                                                                                                                                                        |               | <b>1. Mailing Address: Correct in this box if needed.</b>                      |          | 3. <u>New</u> Registered Agent Signature:*                |                  |             |  |
|                                                                                                                                                        |               | TOM'S AUTO SALES LLC<br>THOMAS R GEIL<br>1223 S MIDDLETON RD<br>NAMPA ID 83686 |          |                                                           |                  |             |  |
| 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                                                                                                                                                | THOMAS R GEIL | 1223 S MIDDLETON RD                                                            | NAMPA    | ID                                                        | USA              | 83686       |  |
| MANAGER                                                                                                                                                | DAN L KELLEY  | 25043 GERI LN                                                                  | CALDWELL | ID                                                        | USA              | 83607       |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                              |          |                                                           |                  |             |  |
| <b>ID<br/>W 43100</b>                                                                                                                                  |               | Signature: Thomas Geil                                                         |          |                                                           | Date: 07/17/2009 |             |  |
|                                                                                                                                                        |               | Name (type or print): Thomas Geil                                              |          |                                                           | Title: Manager   |             |  |
| Processed 07/17/2009                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.      |          |                                                           |                  |             |  |