

No. W 156394		Due no later than Sep 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NORTHWEST COLLISION CENTER LLC CHAD LONGSON 5225 GARDEN CITY ID 83714 USA		XSTREAM CAPITAL LLC 2615 E ASPENWOOD CT EAGLE ID 83616			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name CHAD LONGSON	Street or PO Address 2615 E ASPENWOOD CT		City EAGLE	State ID	Country USA	Postal Code 83616
5. Organized Under the Laws of: ID W 156394		6. Annual Report must be signed.* Signature: Chad Longson Name (type or print): Chad Longson Date: 09/08/2017 Title: Mananging Member					
Processed 09/08/2017 * Electronically provided signatures are accepted as original signatures.							