

No. W 16033	Due no later than July 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable AUTO GLASS EXPERTS, LLC 495 EAST 1ST ST IDAHO FALLS, ID 83401		GREGORY P MEACHAM 414 SHOUP AVE IDAHO FALLS, ID 83401																		
			3. New Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>John Robinson</td> <td>495 1st</td> <td>Id. Falls</td> <td>Id</td> <td>83401</td> </tr> <tr> <td>Secretary</td> <td>Karalee Robinson</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	John Robinson	495 1st	Id. Falls	Id	83401	Secretary	Karalee Robinson	"	"	"	"
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
President	John Robinson	495 1st	Id. Falls	Id	83401																
Secretary	Karalee Robinson	"	"	"	"																
5. Organized Under the Laws of: IDAHO W 16033	6. Signature <u>Karalee Robinson</u> Date <u>5-11-07</u> Name (Typed or Printed) <u>Karalee Robinson</u> Title <u>Secretary</u>																				