

|                                                                                                                                                        |                |                                                                            |       |                                                    |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------|-------|----------------------------------------------------|------------------|-------------|--|
| No. <b>W 167430</b>                                                                                                                                    |                | <b>Due no later than Jun 30, 2018</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>                                                  |       | ARSHED KAMEL<br>4903 W DENTON ST<br>BOISE ID 83706 |                  |             |  |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b>                  |       | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|                                                                                                                                                        |                | AMANI AUTO SALES LLC<br>ARSHED KAMEL<br>4903 W DENTON ST<br>BOISE ID 83706 |       |                                                    |                  |             |  |
| 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                                                                                                                                                | ARSHED S KAMEL | 4903 W DENTON ST                                                           | BOISE | ID                                                 | USA              | 83706       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                          |       |                                                    |                  |             |  |
| <b>ID<br/>W 167430</b>                                                                                                                                 |                | Signature: ARSHED                                                          |       |                                                    | Date: 05/07/2018 |             |  |
|                                                                                                                                                        |                | Name (type or print): ARSHED                                               |       |                                                    | Title: OWNER     |             |  |
| Processed 05/07/2018                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.  |       |                                                    |                  |             |  |