No. W 57788		Due no later than Jan 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MICHAEL ARMSTRONG 66 HANFORD DR SAGLE 83860			
SECRETARY OF STATE	1. Mailin	1. Mailing Address: Correct in this box if needed. ARMSTRONG RESTAURANT REPAIR, LLC MIKE W ARMSTRONG 66 HANFORD DR SAGLE ID 83860 USA					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MIKE W			SAGLE 03000			
	SAGLE ID			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: E	nter Names and Addre	esses of at least one Member or Manager.					
Office Held Nam	e	Street or PO Address	City	State	Country	Postal Code	
	IAEL ARMSTRONG	66 HANFORD DR	SAGLE	ID		83860	
MEMBER LYNE	TTE ARMSTRONG	66 HANFORD DR	SAGLE	ID		83860	
5. Organized Under the Laws of	: 6. Annual Re	port must be signed.*					
ID ID	Signature	Signature: Michael Armstrong Date: 02/15/2015					
W 57788	Name (typ	pe or print): Michael Armstrong		Title: President			
Processed 02/15/2015	* Electronical	* Electronically provided signatures are accepted as original signatures.					