| No. <b>W 118800</b>                                                                            |                  | Due no later than Nov 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 new WINDSHIELD PRO LLC WESS DEAN 42 N 3RD E FRANKLIN ID 83237 | eded.                                       | WESS DEAN 42 N 3RD E FRANKLIN ID 83237  3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                                                       |                  |                                                                                                          |                                             |                                                                             |       |         |             |
| 4. Limited Liability Compa                                                                     | anies: Enter Nar | nes and Addresses of at least one Member or Manag                                                        | er.                                         |                                                                             |       |         |             |
| Office Held                                                                                    | Name             | Street or PO Address                                                                                     |                                             | City                                                                        | State | Country | Postal Code |
| MANAGER RASHANN DEA                                                                            |                  | EAN 42 N. 3RD E.                                                                                         |                                             | FRANKLIN                                                                    | ID    | USA     | 83237       |
| 5. Organized Under the Laws of:                                                                |                  | 6. Annual Report must be signed.*                                                                        |                                             |                                                                             |       |         |             |
| ID                                                                                             |                  | Signature: Ra                                                                                            |                                             | Date: 10/04/2017                                                            |       |         |             |
| W 118800                                                                                       |                  | Name (type or print): Ra                                                                                 |                                             | Title: Manager/Secretary                                                    |       |         |             |
| Processed 10/04/2017 * Electronically provided signatures are accepted as original signatures. |                  |                                                                                                          |                                             |                                                                             |       |         |             |