No. W 154856		Due no later than Aug 31, 2018		2. R	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. ALL CITY TOWING & RECOVERY LLC SARAH CLOVER PO BOX 859 KUNA ID 83634 USA		5 N	SARAH CLOVER 530 MURRAY ST NAMPA ID 83686-8366 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
200		mes and Addresses (of at least one Member or Manager.						
Office Held	Name		Street or PO Address	Cit	.y	State	Country	Postal Code	
MEMBER	SARAH R C	LOVER	P.O. BOX 859	KU	NA	ID	USA	83634	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Sarah Clover			Date: 09/24/2018				
W 154856		Name (type or print): Sarah Clover			Title: Owner				
Processed 09/24/2018 * Electronically provided signatures are accepted as original signatures.									