No. J 1011	Reinstatement Annual Report Form LLP REVOKED 09/08/2009	2. Registered Agent and Office **(NOT A P.O. BOX)** STEVE OCKERMAN ~~PO BOX 173~~ DOWNEY ID 83234 7N HWY 91
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	**1. Mailing Address: Correct in this box if needed.** EASTERN IDAHO AUTO MART LLP P.O. BOX 173 ~~114 S HWY 91~~ DOWNEY ID 83234 7N HWY 91	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Partner/GMNGR	STEVE OCKERMAN	324 W ARIMO	ARIMO	Id	BAN	83240
PARTNER/MBR	D. TY SMITH	1550 W 1000 N	MALAD	ID	ONI	83252
MEMBER	AL SIEFRIED	946 E 1100 N	Shelley	Id	BING	83274

5. Organized Under the Laws of:	6.
IDAHO J 1011	Signature: Steve Ockerman Date: 9/8/09 Name (type or print): STEVE OCKERMAN Title: GM

Issued 09/14/2009 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not shown in Block 1, write the