No. <b>W 86181</b>		Due no later than Aug 31, 2010		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		JACOB BROWN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  A PLUS AUTO REPAIR, LLC JACOB Q BRWON 40 MOUNTIAN DR POCATELLO ID 83204		40 MOUNTIAN DR POCATELLO ID 83204  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies:	Enter Nar	nes and Addresse	s of at least one Member or Manager.					
Office Held Na	me		Street or PO Address		City	State	Country	Postal Code
MEMBER JACOB Q BRO		ROWN	40 MOUNTIAN DR		POCATELLO	ID	USA	83204
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jacob			Date: 10/05/2010			
W 86181		Name (type or print): Jacob			Title: Member			
Processed 10/05/2010 * Electronically provided signatures are accepted as original signatures.								