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|--|----------------------|---|--------|---|---------|------------------|--|
| No. W 87181 | | Due no later than Sep 30, 2018 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. TABLE ROCK AUTOMOTIVE CARE AND TOWING L.L.C. RUSSELL PARSONS 2175 WEST 10350 SOUTH VICTOR ID 83455 | | RUSSELL PARSONS 2175 WEST 10350 SOUTH VICTOR ID 83455 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | JARED VERNAL PARSONS | 2121 W 10350 S | VICTOR | ID | USA | 83455 | |
| MEMBER | DEBRA JAYNE PARSONS | 2175 W 10350 S | VICTOR | ID | USA | 83455 | |
| MANAGER | RUSSELL PARSONS | 2175 W 10350 S | VICTOR | ID | USA | 83455 | |
| MEMBER | MIKEL PARSONS | 10380 S 2000 W | VICTOR | ID | USA | 83455 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 87181 | | Signature: Russell Parsons | | | | Date: 08/01/2018 | |
| | | Name (type or print): Russell Parsons | | | | Title: Owner | |
| Processed 08/01/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |