

|  |                 |  |       |   |         |                  |  |
|--|-----------------|--|-------|---|---------|------------------|--|
| No. <b>W 99978</b>   |                 | <b>Due no later than Jan 31, 2013</b>  |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br>ELITE CREDIT REPAIR, LLC<br>TAMARA MICHAEL<br>26221 N LYNHAVEN ROAD<br>ATHOL ID 83801 |       | TAMARA MICHAEL<br>26221 N LYNHAVEN ROAD<br>ATHOL ID 83801 |         |                  |  |
|  |                 |  |       | 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   | STEVE A MICHAEL | 26221 N LYNHAVEN RD  | ATHOL | ID  | USA     | 83801            |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*  |       |   |         |                  |  |
| <b>ID<br/>W 99978</b>  |                 | Signature: Tamaara   |       |   |         | Date: 04/04/2013 |  |
|  |                 | Name (type or print): Tamaara  |       |   |         | Title: Owner     |  |
| Processed 04/04/2013   |                 | * Electronically provided signatures are accepted as original signatures.  |       |   |         |                  |  |