

|  |              |   |           |   |         |                  |  |
|--|--------------|---|-----------|---|---------|------------------|--|
| No. <b>W 80053</b>   |              | <b>Due no later than Dec 31, 2010</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>TRI-COUNTY REPAIR LLC<br>JASON M DAVIS<br>1703 NE SUMMERWIND DR<br>MOUNTAIN HOME ID 83647<br>USA |           | NATIONAL REGISTERED AGENTS INC<br>1423 TYRELL LANE<br>BOISE ID 83706<br>USA |         |                  |  |
|  |              |   |           | 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      |  |
| MANAGER  | JAON M DAVIS | 1703 NE SUMMERWIND DR   | MTN. HOME | ID  | USA     | 83647            |  |
| 5. Organized Under the Laws of:  |              | 6. Annual Report must be signed.*   |           |   |         |                  |  |
| <b>ID<br/>W 80053</b>  |              | Signature: Jaon M Davis   |           |   |         | Date: 12/31/2010 |  |
|  |              | Name (type or print): Jaon M Davis  |           |   |         | Title: Owner     |  |
| Processed 12/31/2010   |              | * Electronically provided signatures are accepted as original signatures.   |           |   |         |                  |  |