| No. **W 30914** | **Due no later than May 31, 2011**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>ROCK CITY REPAIR & SUPPLY, LLC<br>DAVID E OGREN, SR<br>P O BOX 194<br>ALMO ID 83312-0194 | DAVID E OGREN SR<br>837 E 3049 S<br>ALMO ID 83312-0194<br><br>3. New 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 | DAVID E OGREN SR | P O BOX 194 | ALMO | ID | USA | 83312-0194 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 30914** | Signature: David E. Ogren, Sr. | Date: 06/02/2011 |
| | Name (type or print): David E. Ogren, Sr. | Title: General Manager |

Processed 06/02/2011

* Electronically provided signatures are accepted as original signatures.