

No. W 64296	Due no later than 7/31/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		H DENNIS CLAUNCH 219 E MAIN BURLEY ID 83318	
	DENNIS'S TIRE, LLC 219 E MAIN BURLEY ID 83318		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 Zip
member	Dennis Claunch	XXXXXXXXXXXX 219 East Main	Burley	Id 83318
5. Organized Under the Laws of: ID W 64296		6. Annual Report must be signed. Signature: <u>Dennis Claunch</u> Date: <u>8/25/09</u> Name(type or print): <u>Dennis Claunch</u> Title: <u>member</u>		

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