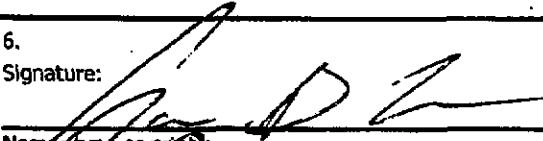


No. <b>W 103567</b>	<b>Due no later than May 31, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>  GARON LEFFLER 501 S KIT CALDWELL ID 83605
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> LEFFLER TRAILER REPAIR, LLC GARON LEFFLER 501 S KIT CALDWELL ID 83605		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>GARON B Leffler 27753 Conway Rd Caldwell ID 83607</i>			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>JUDSON D. MCNICOL 7283 E. SUTTON HANNAH ID 83687</i>			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>Vince Anthony Leffler 102 Summers St Caldwell, ID 83605</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO              W 103567           </div>		6. Signature:  <hr/> Name (type or print): <i>GARON B Leffler</i> <div style="float: right; text-align: right;">         Date: <i>6/14/12</i>          Title: <i>Owner/Mgr</i> </div>	
Issued 06/12/2012 by JL1		114180	