

No. W 100690		Due no later than Feb 29, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TWIN FALLS TOWING & RECOVERY L.L.C CHRISTOPHER M FREY 1406 KIMBERLY RD TWIN FALLS ID 83301		CHRISTOPHER FREY 812 MAIN AVE N TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name CHRISTOPHER M FREY	Street or PO Address 812 MAIN AVE N		City TWIN FALLS	State ID	Country USA	Postal Code 83301
5. Organized Under the Laws of: ID W 100690		6. Annual Report must be signed.* Signature: CHRISTOPHER FREY Name (type or print): CHRISTOPHER FREY Date: 02/29/2016 Title: MANAGER					
Processed 02/29/2016 * Electronically provided signatures are accepted as original signatures.							