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|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No. <b>W 65718</b>                                                                                                                                          | <b>Due no later than 8/31/2009<br/>Annual Report Form</b>                                                                                                           |                                                                                                                                                            | 2. Registered Agent and Address<br>(NO PO BOX)                                                                                                                         |
| Return to:<br>SECRETARY OF STATE<br>450 NORTH FOURTH STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | 1. Mailing Address: Correct in this box if needed.<br>RIGHT CONNECTION AUTOMOTIVE TOOLS AND SUPPLIES, LLC (THE)<br>JAMES A WEAVER<br>PO BOX 577<br>KELLOGG ID 83837 |                                                                                                                                                            | JAMES A WEAVER<br><del>104 E MULLAN AVE</del> 4891 Lemonwood Ln<br><del>KELLOGG ID 83837</del><br>Post Falls, ID 83854<br><br>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                                                                                                                                                      | Lon Weaver                                                                                                                                                          | 4891 Lemonwood Ln                                                                                                                                          | Post Falls ID 83854                                                                                                                                                    |
| 5. Organized Under the Laws of:                                                                                                                             |                                                                                                                                                                     |                                                                                                                                                            |                                                                                                                                                                        |
| ID<br><b>W 65718</b>                                                                                                                                        |                                                                                                                                                                     | 6. Annual Report must be signed.<br>Signature: <u>James A. Weaver</u> Date: <u>6-29-09</u><br>Name(type or print): <u>James Weaver</u> Title: <u>owner</u> |                                                                                                                                                                        |

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