No. W 97203		Due no later than Oct 31, 2017		2. Re	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CHRISTOPHER KNIGHT COFFEY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SALMON QWIK LUBE AND RENTAL CENTER, LLC. CHRIS COFFEY 1212 SHOUP ST SALMON ID 83467			5 BART LN SALMON ID 83467 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	,	State	Country	Postal Code
MEMBER	REBECKA AN	NN COFFEY	1212 SHOUP STREET	SAL	MON	ID	USA	83467-4300
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 97203		Signature: Chris Coffey			Date: 08/21/2017			
		Name (type or print): Chris Coffey			Title: owner			
Processed 08/21/2017 * Electronically provided signatures are accepted as original signatures.								