No. W 139361	Reinstatement Annual Report Form ADMIN DISSOLVED 09/22/2015	2. Registered Agent and Office (NOT A P.O. BOX) CASEY R WARD
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. AUTO WORKS, LLC 4131 GLENBRROOK DR HAILEY ID 83333	2981 BERRY CREEK HAILEY ID 83333
REINSTATEMENT FEE DUE: \$30.00		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 (X) Member (	Cased Mary 60 300 3001 Harry	15 VSN 53353.
Manager Member		
Manager Member Member		
Manager Member .		
5. Organized Under the La	ws of: 6.	
IDAHO	Signature:	Date: 1/- 157- 15
W 139361	Name (type or print):	Title:
	Casey Rivard.	<u> Chrev</u>
Issued 11/19/2015 by onlin	le J	

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.** 

Block 3: Only a new registered agent must sign in Block 3.