

|                                                                                                                                                        |                 |                                                                                                                                                                                      |          |                                                          |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|---------------------|
| No. <b>W 35142</b>                                                                                                                                     |                 | <b>Due no later than Dec 31, 2017</b>                                                                                                                                                |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>PDQ IMPORT REPAIR, LLC<br>DAVID KAVANAUGH<br>2304 16TH AVENUE<br>LEWISTON ID 83501 |          | DAVID KAVANAUGH<br>2304 16TH AVENUE<br>LEWISTON ID 83501 |                     |
|                                                                                                                                                        |                 |                                                                                                                                                                                      |          | 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                                                    | Country Postal Code |
| MEMBER                                                                                                                                                 | DAVID KAVANAUGH | 2304 16TH AVENUE                                                                                                                                                                     | LEWISTON | ID                                                       | 83501               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 35142</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: David Kavanaugh<br>Name (type or print): David Kavanaugh<br>Date: 11/02/2017<br>Title: Partner                                       |          |                                                          |                     |
| Processed 11/02/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                            |          |                                                          |                     |