No. W 51681		Due no later than Jun 30, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. BECKHAM COLLISION CENTER LLC MICHAEL E BECKHAM 117 N 21ST AVE CALDWELL ID 83605		117 N 21ST	MICHAEL BECKHAM 117 N 21ST AVE CALDWELL ID 83606 3. New Registered Agent Signature:*			
				CALDWELL				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	MICHAEL E	BECKHAM	4498 E SWITZER WAY	NAMPA	ID		83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: MICHAEL E BECKHAM Date: 08/03/2017						
W 51681		Name (type or		Title: OWNER				
Processed 08/03/2017 * Electronically provided signatures are accepted as original signatures.								