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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 120922</b>                                                                                                                                    |                | <b>Due no later than Jan 31, 2014</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>1. Mailing Address: Correct in this box if needed.</b><br>POWERTUNE AUTO REPAIR, LLC<br>CRAIG MCDOWELL<br>1104 THIRD ST NORTH<br>NAMPA ID 83687 |       | CRAIG MCDOWELL<br>8288 USTICK RD<br>NAMPA ID 83687 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                    |       | 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      |  |
| MANAGER                                                                                                                                                | CRAIG MCDOWELL | 1104 3RD ST N                                                                                                                                      | NAMPA | ID                                                 | USA     | 83687            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                  |       |                                                    |         |                  |  |
| <b>ID<br/>W 120922</b>                                                                                                                                 |                | Signature: Craig McDowell                                                                                                                          |       |                                                    |         | Date: 02/14/2014 |  |
|                                                                                                                                                        |                | Name (type or print): Craig McDowell                                                                                                               |       |                                                    |         | Title: Owner     |  |
| Processed 02/14/2014                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                          |       |                                                    |         |                  |  |