

|                                                                                                                                                        |              |                                                                            |        |                                                    |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------|--------|----------------------------------------------------|------------------|-------------|--|
| No. <b>W 97684</b>                                                                                                                                     |              | <b>Due no later than Nov 30, 2013</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>                                                  |        | BOB DEMPSAY<br>112 S 632 LN W<br>PAUL ID 83347     |                  |             |  |
|                                                                                                                                                        |              | <b>1. Mailing Address: Correct in this box if needed.</b>                  |        | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|                                                                                                                                                        |              | MINI-CASSIA LUBE & WASH LLC.<br>BOB DEMPSAY<br>PO BOX 119<br>PAUL ID 83347 |        |                                                    |                  |             |  |
| 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                                                                                                                                                 | JODY FURNISS | 1202 RUBY DR                                                               | RUPERT | ID                                                 | USA              | 83350       |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                          |        |                                                    |                  |             |  |
| <b>ID<br/>W 97684</b>                                                                                                                                  |              | Signature: Jody Furniss                                                    |        |                                                    | Date: 09/23/2013 |             |  |
|                                                                                                                                                        |              | Name (type or print): Jody Furniss                                         |        |                                                    | Title: Member    |             |  |
| Processed 09/23/2013                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.  |        |                                                    |                  |             |  |