| No. W 104851 | Due no later than Jul 31, 2017 | 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. JON'S AUTO REPAIR LLC JON C HOOVER | JON HOOVER 2323 N QUAIL DRIVE IDAHO FALLS ID 83401-4889 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | 2323 N QUAIL DRIVE IDAHO FALLS ID 83401-4889 | | | | |
| 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 JON C HOC MANAGER JON C HOC | | IDAHO FALLS IDAHO FALLS | ID ID | USA USA | 83401 83401-4889 |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | |
| ID | Signature: Jon Hoover Date: 09/08/2017 | | | | |
| W 104851 | Name (type or print): Jon Hoover | Title: sole member | | | |
| Processed 09/08/2017 | * Electronically provided signatures are accepted as original signatures. | | | | |