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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------|---------|------------------|--|
| No. <b>W 168649</b>                                                                                                                                    |                      | <b>Due no later than Jun 30, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>BOISE AUTO ARENA LLC<br>MATT BRASHER<br>9801 W FAIRVIEW AVE<br>BOISE ID 83704 |          | MATT BRASHER<br>10370 HIGHLANDER RD<br>BOISE ID 83709 |         |                  |  |
|                                                                                                                                                        |                      |                                                                                                                                                |          | 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                                                                                                                                                 | PETER STUART BRASHER | 3988 SOUTH SHIMMERING WAY                                                                                                                      | MERIDIAN | ID                                                    | USA     | 83642            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                      | 6. Annual Report must be signed.*                                                                                                              |          |                                                       |         |                  |  |
| <b>ID<br/>W 168649</b>                                                                                                                                 |                      | Signature: Matt Brasher                                                                                                                        |          |                                                       |         | Date: 06/19/2017 |  |
|                                                                                                                                                        |                      | Name (type or print): Matt Brasher                                                                                                             |          |                                                       |         | Title: Manager   |  |
| Processed 06/19/2017                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                      |          |                                                       |         |                  |  |