

INSTRUCTIONS ON REVERSE SIDE

ISSUES: 37-04-1473

No. 505	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX	
Return To:	Due No Later Than November 30, 1995		GARY D OPPER	
	1. Mailing Address -- Please Correct If Not Correct		8901 KIOWA DR	
Secretary of State 700 W Jefferson P.O. Box 83720	LUBE CENTER, L.L.C. (THE)		BOISE ID 83709	
Boise, ID 83720-0080	GARY D OPPER		3. Organized Under The Laws of	
* FIRST NOTICE *	8901 KIOWA DR 9375 W FAIRVIEW AVE		ID	
NO FEE REQUIRED	BOISE ID 83709 83704		NO: 505	
4. Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one) MUST BE PRINTED OR TYPED				
Name	Street or P.O. Address	City	State	Zip
TERESA OPPER	8901 KIOWA DR	Boise	ID	83709
BRADLEY OPPER	8901 KIOWA DR	Boise	ID	83709
NICOLE OPPER	8901 KIOWA DR	Boise	ID	83709
GARY OPPER	8901 KIOWA DR	Boise	ID	83709
5. Signature of the Current Registered Agent (if changed in block 2)		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.		
		Signature <u>Gary Opper</u> Date <u>7-21-95</u> Name (Typed or Printed) <u>GARY OPPER</u>		