No. W 100690 Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. TWIN FALLS TOWING & RECOVERY L.L.C CHRISTOPHER M FREY 1406 KIMBERLY RD TWIN FALLS ID 83301 USA CHRISTOPHER FREY 812 MAIN AVE N TWIN FALLS ID 83301 3. New Registered Agent Signature			812 MAIN AVE N			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				TWIN FAL				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	nies: Enter Nar	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	CHRISTOPHE	R M FREY	812 MAIN AVE N	TWIN FALLS	i ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Chr		Date: 02/26/2014				
W 100690		Name (type or		Title: President				
Processed 02/26/2014		* Electronically provided signatures are accepted as original signatures.						