

No. W 30914		Due no later than May 31, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. ROCK CITY REPAIR & SUPPLY, LLC DAVID E OGREN, SR P O BOX 194 ALMO ID 83312-0194		DAVID E OGREN SR 836 E 3049 S ALMO ID 83312-0194			
				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	
MANAGER	DAVID E OGREN SR	P O BOX 194	ALMO	ID	USA	83312-0194	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 30914		Signature: David E Ogren, Sr				Date: 04/11/2012	
		Name (type or print): David E Ogren, Sr				Title: General Manager	
Processed 04/11/2012		* Electronically provided signatures are accepted as original signatures.					