No. W 36159 Return to:		Due no later than Jan 31, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. AUTO-PAY, LLC JAMES WOOD 1176 N 1340 E SHELLEY ID 83274			2. Registered Agent and Address (NO PO BOX) JAMES WOOD 1176 N 1340 E SHELLEY ID 83274 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				SHELLEY ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	LUCILE ANN	HOWARD	PO BOX 50352	IDAHO FALLS	ID	USA	83405	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: James P Wood			Date: 11/21/2012			
W 36159		Name (type or		Title: President				
Processed 11/21/2012 * Electronically provided signatures are accepted as original signatures.								