| No. W 149574 | | Due no later than Mar 31, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|------|---|----------------------|---|------------------|-------|---------|--|
| Return to: | | Annual Report Form | | NICK MARTIN 423 N FRANKLIN BLVD NAMPA ID 83687-8365 | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. MARTIN AUTO WHOLESALE LLC MARTIN AUTO WHO 1114 BRIARWOOD DR NAMPA ID 83651 | | | | | | |
| | | | | | | | | 3. <u>New</u> Registered Agent Signature:* |
| | | | | NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | |
| 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 NICK R MAF | | RTIN | 1114 BRIARWOOD DR | | NAMPA | ID | USA | 83651 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 149574 | | Signature: Nick martin | | | Date: 01/19/2016 | | | |
| | | Name (type or print): Nick martin | | | Title: Owner | | | |
| Processed 01/19/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |