| No. <b>W 142960</b>  |                  | Due no later than Oct 31, 2018  |                                       | 2. Registered Agent and Address (NO PO BOX)          |                                     |       |         |             |
|--|------------------|---|---------------------------------------|--|-------------------------------------|-------|---------|-------------|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080            |                  | Annual Report Form  1. Mailing Address: Correct in this box if needed.  GAUGE REPAIR SPECIALIST LLC PETE M BOLZ JR 8213 S OLD FARM PL MERIDIAN ID 83642 |                                       | PETE BOLZ<br>8213 S OLD FARM PL<br>MERIDIAN ID 83642 |                                     |       |         |             |
|  |                  |   |                                       |  | 3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                  |   |                                       |  |                                     |       |         |             |
| 4. Limited Liability Compa   | ınies: Enter Naı | mes and Address   | es of at least one Member or Manager. |  |                                     |       |         |             |
| Office Held  | Name             |   | Street or PO Address                  |  | City                                | State | Country | Postal Code |
| MEMBER PETE M BOL  |                  | LZ JR   | 8213 S OLD FARM PL                    |  | MERIDIAN                            | ID    | USA     | 83642       |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*   |                                       |  |                                     |       |         |             |
| ID   |                  | Signature: Peter M Bolz Jr  |                                       |  | Date: 08/25/2018                    |       |         |             |
| W 142960   |                  | Name (type or print): Peter M Bolz Jr   |                                       |  | Title: Owner                        |       |         |             |
| Processed 08/25/2018 * Electronically provided signatures are accepted as original signatures. |                  |   |                                       |  |                                     |       |         |             |