| No. W 140124 | | Due no later than Jul 31, 2015 | 2. Registered Agent and Address (NO PO BOX) TAD MUNDELL 15 N RAILROAD ST MIDVALE ID 83645 3. New Registered Agent Signature:* | | | |
|--|-----------------|---|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. TAD MUNDELL MOBILE REPAIR LIMITED LIABILITY COMPANY TAD MUNDELL 15 N RAILROAD ST MIDVALE ID 83645 | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 4. Limited Liability Compa | nies: Enter Nar | mes and Addresses of at least one Member or Manager. | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| MANAGER TAD M MUN | | NDELL 15 N. RAILROAD ST. | MIDVALE | ID | USA | 83645 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID | | Signature: Tad Mundell | Date: 07/29/2015 | | | |
| W 140124 | | Name (type or print): Tad Mundell | Title: Manager / Owner | | | |
| Processed 07/29/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | |