

No. W 97203		Due no later than Oct 31, 2015		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		Annual Report Form		CHRISTOPHER KNIGHT COFFEY 5 BART LN SALMON ID 83467			
		1. Mailing Address: Correct in this box if needed. SALMON QWIK LUBE AND RENTAL CENTER, LLC. CHRIS COFFEY 1212 SHOUP ST SALMON ID 83467		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	
MEMBER	JAYSEN DICKENS	611 15TH STREET	SALMON	ID	USA	83467	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 97203		Signature: Chris Coffey			Date: 09/19/2015		
		Name (type or print): Chris Coffey			Title: registered agent		
Processed 09/19/2015		* Electronically provided signatures are accepted as original signatures.					