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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------|-----------------------------------|-------------|--|
| No. <b>W 1614</b>                                                                                                                                      |                 | <b>Due no later than Oct 31, 2010</b>                                                                                                                                 |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>   |                                   |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>PETERSON'S STAMPEDE DODGE CHRYSLER JEEP, LLC<br>MARK M PETERSON<br>9101 W FAIRVIEW<br>BOISE ID 83704 |       | MARK M PETERSON<br>9101 W FAIRVIEW<br>BOISE ID 83704 |                                   |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                       |       | 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                                                                                                                                                 | MARK M PETERSON | 1152 W NEWFIELD DR                                                                                                                                                    | EAGLE | ID                                                   | USA                               | 83616       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 1614</b>                                                                                            |                 | 6. Annual Report must be signed.*<br>Signature: Mark M. Peterson<br>Name (type or print): Mark M. Peterson                                                            |       |                                                      | Date: 10/25/2010<br>Title: Member |             |  |
| Processed 10/25/2010                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                             |       |                                                      |                                   |             |  |