No. W 97841	Due no later than Nov 30, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		JOSH PERKINS				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. MASTERMINDS AUTOREPAIR & EXHAUST, L.L.C. JOSH D PERKINS 6680 GOVERNMENT WAY STE 204 DALTON GARDENS ID 83815			10064 N REED RD HAYDEN ID 83835			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			HAYDEN ID				
			3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER COREY A ROBINSON 134		13485 E. NUNN RD	ATHOL	ID	USA	83801	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: corey robinson			Date: 10/07/2016			
W 97841	Name (type or print): corey robinson			Title: co owner			
Processed 10/07/2016	* Electronically provided signatures are accepted as original signatures.						