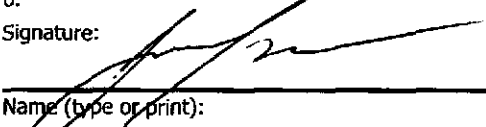


| No. <b>W 82617</b>  | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 06/28/2017</b>  |   | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>JARED C WILSON<br>3350 W SELTICE WAY<br>POST FALLS ID 83854 |                   |         |                      |      |       |         |             |   |              |                 |            |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|--|-------------------|---------|----------------------|------|-------|---------|-------------|---|--------------|-----------------|------------|----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>   | 1. <b>Mailing Address: Correct in this box if needed.</b><br>JC AUTO, LLC<br>JARED C. WILSON<br>3350 W SELTICE WAY<br>POST FALLS ID 83854 |   | 3. <u>New</u> Registered Agent Signature.  |                   |         |                      |      |       |         |             |   |              |                 |            |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b><br><table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jared Wilson</td> <td>3350 W. Seltice</td> <td>Post Falls</td> <td>ID</td> <td></td> <td>83854</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |   |   |  | Manager or Member | Name    | Street or PO Address | City | State | Country | Postal Code | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Jared Wilson | 3350 W. Seltice | Post Falls | ID |  | 83854 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member   | Name  | Street or PO Address  | City   | State             | Country | Postal Code          |      |       |         |             |   |              |                 |            |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>   | Jared Wilson  | 3350 W. Seltice   | Post Falls   | ID                |         | 83854                |      |       |         |             |   |              |                 |            |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |   |   |  |                   |         |                      |      |       |         |             |   |              |                 |            |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |   |   |  |                   |         |                      |      |       |         |             |   |              |                 |            |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |   |   |  |                   |         |                      |      |       |         |             |   |              |                 |            |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><b>IDAHO</b><br><b>W 82617</b>   |   | 6. Signature: <br>Date: <u>10/11/17</u><br>Name (type or print): <u>Jared Wilson</u><br>Title: <u>Member</u> |  |                   |         |                      |      |       |         |             |   |              |                 |            |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Issued 10/11/2017 by online   |   |   |  |                   |         |                      |      |       |         |             |   |              |                 |            |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |