No. <b>W 166381</b>		Due no later than May 31, 2017		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  CM AUTO COLLISION REPAIR LLC  CARLOS ORNELAS  2035 YALE AVE  BURLEY ID 83318		_	CARLOS ORNELAS 2035 YALE AVE BURLEY ID 83318  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	ames and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	CARLOS O	RNELAS	2035 YALE AVE		BURLEY	ID	USA	83318
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: CARLOS ORNELAS			Date: 03/18/2017			
W 166381		Name (type or print): CARLOS ORNELAS			Title: MEMBER			
Processed 03/18/2017 * Electronically provided signatures are accepted as original signatures.								