| No. <b>W 96914</b>  | Due   | 2. Registered A                    | 2. Registered Agent and Address (NO PO BOX) |   |         |             |  |
|---|---|------------------------------------|---|---|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON                  | Annual Report Form  1. Mailing Address: Correct in this box if needed.  TRAVIS HUTCHISON REPAIR LLC  TRAVIS E HUTCHISON  25080 BATT CORNER RD  PARMA ID 83660 |                                    | 25080 BATT                                  | TRAVIS HUTCHISON 25080 BATT CORNER RD PARMA ID 83660  3. New Registered Agent Signature:* |         |             |  |
| PO BOX 83720<br>BOISE, ID 83720-0080                              |   |                                    | 3. <u>New</u> Registe                       |   |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                          | USA   |                                    |   |   |         |             |  |
| 4. Limited Liability Companies: Enter Na                          | mes and Addresses   | of at least one Member or Manager. |   |   |         |             |  |
| Office Held Name  |   | Street or PO Address               | City  | State   | Country | Postal Code |  |
| MEMBER TRAVIS L HUTCHISON 25080 BATT CORNER RD                    |   | PARMA                              | ID  | USA   | 83660   |             |  |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* |   |                                    |   |   |         |             |  |
| ID  | <b>ID</b> Signature: Travis Hutchison   |                                    |   | Date: 08/10/2013  |         |             |  |
| W 96914   | Name (type or p   |                                    | Title: Owner                                |   |         |             |  |
| Processed 08/10/2013  | * Electronically provided signatures are accepted as original signatures.   |                                    |   |   |         |             |  |