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| No. W 96255 | Due no later than Sep 30, 2016 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. HIGH END RIDES, LLC MICHAEL D DALESSI 482 8TH ST IDAHO FALLS ID 83401 | | MICHAEL DALESSI 482 8TH ST IDAHO FALLS ID 83401 | | | |
| | | | 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 |
| MANAGER | MICHAEL D DALESSI | 482 8TH STREET | IDAHO FALLS | ID | USA | 83401 |
| 5. Organized Under the Laws of: ID W 96255 | 6. Annual Report must be signed.* Signature: michael d. dalessi Name (type or print): michael d. dalessi | | Date: 11/25/2016 Title: manager | | | |
| Processed 11/25/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | |