

No. W 64296	Due no later than Jul 31, 2012 Annual Report Form		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> H DENNIS CLAUNCH 219 E MAIN BURLEY ID 83318			
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  DENNIS'S TIRE, LLC 219 E MAIN BURLEY ID 83318		3. <u>New</u> Registered Agent Signature.			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City</b>	<b>State</b>	<b>Country</b>	<b>Postal Code</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	H. Dennis Claunch	219 E. Main	Burley	Id	Cassia	83318
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:		6.				
IDAHO W 64296		Signature: <u>Dennis Claunch</u>			Date: <u>9-14-12</u>	
		Name (type or print): <u>DENNIS CLAUNCH</u>			Title: <u>MEMBER</u>	
Issued 09/06/2012 by CLH						
125841						

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**