


No. W 28074	Due no later than January 31, 2005 Annual Report Form		2. Registered Agent and Office 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 applicable SMITH'S REPAIR SERVICE & TOWING LLC PETE SMITH 685 NW MAIN BLACKFOOT, ID 83221		PETE SMITH 685 NW MAIN BLACKFOOT, ID 83221																			
3. <u>New</u> Registered Agent Signature																						
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member/owner</td> <td>Pete Smith</td> <td>1259 Charlynn way</td> <td>Blackfoot</td> <td>ID</td> <td>83221</td> </tr> <tr> <td>Member</td> <td>Rudy Owens</td> <td>437 Hwy Drive</td> <td>Arco</td> <td>ID</td> <td>83213</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member/owner	Pete Smith	1259 Charlynn way	Blackfoot	ID	83221	Member	Rudy Owens	437 Hwy Drive	Arco	ID	83213
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5. Organized Under the Laws of: IDAHO W 28074		6. Signature  Date 11-11-04 Name <small>(Type or Print)</small> Pete Smith Title Member/owner																				