

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------|-------|---------------------|
| No. W 142960 | Due no later than Oct 31, 2017 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. GAUGE REPAIR SPECIALIST LLC PETE M BOLZ JR PO BOX 715 MERIDIAN ID 83680 | PETE BOLZ 6026 N MOOSE CREEK WAY MERIDIAN ID 83646 | | | |
| | | 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 |
| MEMBER | NICOLE MARIANI | 6026 N MOOSE CREEK WAY | MERIDIAN | ID | USA 83646 |
| 5. Organized Under the Laws of: ID W 142960 | 6. Annual Report must be signed.* Signature: PETE BOLZ Name (type or print): PETE BOLZ Date: 08/28/2017 Title: OWNER | | | | |
| Processed 08/28/2017 | | * Electronically provided signatures are accepted as original signatures. | | | |