

|                                                                                                                                                        |                  |                                                                                                                                                      |      |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------|---------|-------------|--|
| No. <b>C 114374</b>                                                                                                                                    |                  | <b>Due no later than Apr 30, 2018</b>                                                                                                                |      | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>LOST RIVER AUTO BODY, INC.<br>JAMIE PAUL HJELM<br>2775 N US HWY 93<br>ARCO ID 83213 |      | JAMIE PAUL HJELM<br>2775 N US HWY 93<br>ARCO ID 83213 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                      |      | 3. <u>New</u> Registered Agent Signature:*            |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                  |                                                                                                                                                      |      |                                                       |         |             |  |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                                                                                                 | City | State                                                 | Country | Postal Code |  |
| SECRETARY                                                                                                                                              | KATHY HJELM      | 2775 N US HWY 93                                                                                                                                     | ARCO | ID                                                    | USA     | 83213       |  |
| PRESIDENT                                                                                                                                              | JAMIE PAUL HJELM | 2775 N US HWY 93                                                                                                                                     | ARCO | ID                                                    | USA     | 83213       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 114374</b>                                                                                          |                  | 6. Annual Report must be signed.*<br>Signature: Kathy Hjelm<br>Name (type or print): Kathy Hjelm                                                     |      |                                                       |         |             |  |
| Date: 03/07/2018<br>Title: Secretary                                                                                                                   |                  |                                                                                                                                                      |      |                                                       |         |             |  |
| Processed 03/07/2018                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                            |      |                                                       |         |             |  |