

No. W 26125	Due no later than Sep 30, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CHRIS GEORGIEV 601 E 44TH #6 GARDEN CITY ID 83714
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. OMEGA AUTO BODY, LLC 601 E 44TH #6 GARDEN CITY ID 83714		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>	CHRIS	450 N 4TH STREET	BOISE	ID	83720	
Manager <input type="checkbox"/> Member <input type="checkbox"/>	GEORGIEV	601 E 44TH #6	BOISE	ID		83714
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 26125 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Chris Georgiev</u> </td> <td style="width: 40%;"> Date: _____ </td> </tr> <tr> <td> Name (type or print): <u>CHRIS GEORGIEV</u> </td> <td> Title: <u>OWNER</u> </td> </tr> </table>	Signature: <u>Chris Georgiev</u>	Date: _____	Name (type or print): <u>CHRIS GEORGIEV</u>	Title: <u>OWNER</u>
Signature: <u>Chris Georgiev</u>	Date: _____				
Name (type or print): <u>CHRIS GEORGIEV</u>	Title: <u>OWNER</u>				