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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------|-------|---------|-------------|
| No. <b>W 47369</b>                                                                                                                                     | <b>Due no later than Feb 28, 2013</b><br><b>Annual Report Form</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>HOGGARTH AUTO SALES, LLC<br>TONY HOGGARTH<br>734 MAIN AVE S<br>TWIN FALLS ID 83301 |                                                                           | TONY HOGGARTH<br>734 MAIN AVE S<br>TWIN FALLS ID 83301 |       |         |             |
|                                                                                                                                                        |                                                                                                                                                 |                                                                           | 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                                                                                                                                                 | TONY HOGGARTH                                                                                                                                   | 712 MAIN AVE S                                                            | TWIN FALLS                                             | ID    | USA     | 83301       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 47369</b>                                                                                           | 6. Annual Report must be signed.*<br>Signature: Tony Hoggarth<br>Name (type or print): Tony Hoggarth                                            |                                                                           | Date: 03/06/2013<br>Title: Owner                       |       |         |             |
| Processed 03/06/2013                                                                                                                                   |                                                                                                                                                 | * Electronically provided signatures are accepted as original signatures. |                                                        |       |         |             |