

|  |                         |  |  |   |             |                |                      |
|--|-------------------------|--|--|---|-------------|----------------|----------------------|
| No. <b>W 175801</b>  |                         | <b>Due no later than Dec 31, 2017</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )          |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                         | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>METCO REPAIR LLC<br>TIMOTHY METCALF<br>329 S WOODRUFF AVE<br>IDAHO FALLS ID 83401 |  | TIMOTHY METCALF<br>329 S WOODRUFF AVE<br>IDAHO FALLS ID 83401 |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                         |  |  | 3. <u>New</u> Registered Agent Signature:*                    |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |                         |  |  |   |             |                |                      |
| Office Held<br>MEMBER  | Name<br>TIMOTHY METCALF | Street or PO Address<br>329 S WOODRUFF AVE   |  | City<br>IDAHO FALLS   | State<br>ID | Country<br>USA | Postal Code<br>83401 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 175801</b>                                |                         | 6. Annual Report must be signed.*<br><br>Signature: TIM METCALF<br>Name (type or print): TIM METCALF<br><br>Date: 11/29/2017<br>Title: MEMBER      |  |   |             |                |                      |
| Processed 11/29/2017 * Electronically provided signatures are accepted as original signatures.     |                         |  |  |   |             |                |                      |