No. W 97203	Reinstatement Annual Report Form ADMIN DISSOLVED 01/14/2013	2. Registered Agent and Office **(NOT A P.O. BOX)** CHRISTOPHER KNIGHT COFFEY 5 BART LN SALMON ID 83467
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 **REINSTATEMENT FEE DUE: $30.00**	1. **Mailing Address: Correct in this box if needed.** SALMON QWIK LUBE AND RENTAL CENTER, LLC. CHRIS COFFEY 1212 SHOUP ST SALMON ID 83467	3. New 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 ☐ Member ☒	Jaysen Dickens	611 16th St.	Salmon	Id	Lemhi	83467
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 97203	Signature: Name (type or print): Chris Coffey Date: 2-1-13 Title: member

Issued 02/01/2013 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM