

No. W 97546	Due no later than Oct 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) WILLIAM H PENNEY 5087 S 5TH W IDAHO FALLS ID 83404
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. CREATION AFTERMARKET DESIGNS, LLC 5087 S 5TH W IDAHO FALLS ID 83404		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	William H Penney	5087 S 5th W	Idaho Falls ID 83404
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
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; font-weight: bold; margin-top: 10px;"> IDAHO W 97546 </div>		6. Signature: <u>W H Penney</u> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Name (type or print): <u>W H Penney</u> </div> <div> Date: <u>11/18/14</u> Title: _____ </div> </div>	

Issued 11/10/2014 by CLH

104005

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM