No. W 40094		Due no later than Jun 30, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. PREMIERGARAGE OF SOUTHERN IDAHO, LLC CALVIN CONNELL 2485 E 3700 N TWIN FALLS ID 83301		CALVIN CONNELL 2485 E 3700 N TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
								NO FILING FEE IF RECEIVED BY DUE DATE
4. Limited Liability Comp	anies: Enter Na	mes and Address	ses of at least one Member or Manager					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	CALVIN CONNELL		2485 E 3700 N		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 40094		Signature: Calvin Connell			Date: 06/14/2016			
		Name (type or print): Calvin Connell			Title: Owner			
Processed 06/14/2016 * Electronically provided signatures are accepted as original signatures.								