

No. W 66949		Due no later than Sep 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. C & S AUTO REPAIR LLC CHRISTOPHER D NEAL 2435 EAST IONA RD. IDAHO FALLS ID 83401		CHRIS NEAL 2435 EAST IONA RD. IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE				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
MANAGER	CHRIS NEAL	2435 EAST IONA RD. IDAHO FALLS		IDAHO FALLS	ID	83401	
MANAGER	SHANALYN POULSEN	2435 EAST IONA RD. IDAHO FALLS		IDAHO FALLS	ID	83401	
5. Organized Under the Laws of: ID W 66949		6. Annual Report must be signed.* Signature: SHANALYN Name (type or print): SHANALYN Date: 07/26/2016 Title: owner / manager					
Processed 07/26/2016 * Electronically provided signatures are accepted as original signatures.							