

|                                                                                                                                                        |                |                                                                                                                                                            |       |                                                              |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------|---------|-------------|--|
| No. <b>W 77241</b>                                                                                                                                     |                | <b>Due no later than Aug 31, 2013</b>                                                                                                                      |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>           |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>ROGERS AUTOMOTIVE REPAIR, LLC<br>JAMES L ROGERS<br>1115 ROLLING HILLS DR<br>MERIDIAN ID 83642 |       | JAMES L ROGERS<br>1115 ROLLING HILLS DR<br>MERIDIAN ID 83642 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                            |       | 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                                                                                                                                                | JAMES L ROGERS | 1170 N. 29TH ST                                                                                                                                            | BOISE | ID                                                           | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 77241</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: James Rogers<br>Name (type or print): James Rogers<br>Date: 06/18/2013<br>Title: Owner                     |       |                                                              |         |             |  |
| Processed 06/18/2013                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                  |       |                                                              |         |             |  |