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|--|-------------|---|------------|--|---------|------------------|--|
| No. W 68546 | | Due no later than Nov 30, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | JON T EVANS 3360 HWY 12 KAMIAH 83536 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | CLEARWATER COLLISION CENTER LLC VICKI EVANS PO BOX 416 KAMIAH ID 83536 | | | | | |
| 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 | JON EVANS | 730 PLEASANT VALLEY ROAD | CLEARWATER | ID | USA | 83552 | |
| MANAGER | VICKI EVANS | 730 PLEASANT VALLEY ROAD | CLEARWATER | ID | USA | 83552 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 68546 | | Signature: Jon Evans, Vicki Evans | | | | Date: 10/08/2014 | |
| | | Name (type or print): Jon Evans, Vicki Evans | | | | Title: Owner | |
| Processed 10/08/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |