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|--|-------------|---|-------|---|------------------|-------------|--|
| No. C 188765 | | Due no later than Oct 31, 2015 | | 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 | | JOHN MANDAS 9448 FAIRVIEW AVE SUITE B BOISE ID 83704 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | MIRACLE TIRE AND TOTAL CAR CARE, INC. JOHN MANDAS 9448 FAIRVIEW AVE SUITE B BOISE ID 83704 USA | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR | JOHN MANDAS | 9448 W FAIRVIEW AVE SUITE B | BOISE | ID | USA | 83704 | |
| PRESIDENT | JOHN MANDAS | 9448 FAIRVIEW AVE SUITE B | BOISE | ID | USA | 83704 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 188765 | | Signature: John Mandas | | | Date: 08/25/2015 | | |
| | | Name (type or print): John Mandas | | | Title: President | | |
| Processed 08/25/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |