

No. W 116163	Due no later than Aug 31, 2014 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SKIP'S REPAIR, LLC TRAVIS JOHN WOOD 11295 HALL DR NAMPA ID 83651	CASSIE WOOD 11295 HALL DR NAMPA ID 83651	
		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
MEMBER	CASSIE MARIE WOOD	11295 HALL DRIVE	NAMPA ID USA 83651
5. Organized Under the Laws of: ID W 116163	6. Annual Report must be signed.* Signature: Cassie Wood Name (type or print): Cassie Wood		Date: 06/17/2014 Title: Agent
Processed 06/17/2014		* Electronically provided signatures are accepted as original signatures.	