

|  |   |   |  |       |         |             |
|--|---|---|--|-------|---------|-------------|
| No. <b>W 102771</b>  | <b>Due no later than Apr 30, 2017</b><br><b>Annual Report Form</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>TIMBERLINE REPAIR LLC.<br>TIMBERLINE REPAIR LLC.<br>347 SUNSET DR.<br>ARCO ID 83213<br>USA |   | ROBIN ROY PEARSON<br>3432 W 2900 N<br>MOORE ID 83255 |       |         |             |
|  |   |   | 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   | ROBIN A. PEARSON  | 3432 W. 2900 N.   | MOORE  | ID    | USA     | 83255       |
| MANAGER  | ROBIN ROY PEARSON   | 3432 W. 2900 N.   | MOORE  | ID    | USA     | 83255       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 102771</b>  | 6. Annual Report must be signed.*<br>Signature: Robin Roy Pearson<br>Name (type or print): Robin Roy Pearson  |   | Date: 02/24/2017<br>Title: Manager                   |       |         |             |
| Processed 02/24/2017   |   | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |