

No. W 122402	Due no later than Feb 28, 2014 Annual Report Form		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ERNIE PELUSO 120 H ST FILER ID 83328			
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed.  CLASSIC CAR MAKEOVER, LLC ERNIE PELUSO PO BOX 707 FILER ID 83328		3. New Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name <i>Ernie Peluso</i>	Street or PO Address <i>120 N ST/PO, BOX 707-Boise, ID, Twin Falls</i>	City <i>Twin Falls</i>	State <i>ID</i>	Country <i>USA</i>	Postal Code <i>83328</i>
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of:  IDAHO W 122402		6. Signature: <u><i>Ernie Peluso</i></u> Date: <u><i>12-17-13</i></u> Name (type or print): <u><i>Ernie Peluso</i></u> Title: <u><i>12-17-13</i></u>				
Issued 12/13/2013 by CLH						
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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**