

|  |                 |  |         |   |         |                  |  |
|--|-----------------|--|---------|---|---------|------------------|--|
| No. <b>W 147761</b>  |                 | <b>Due no later than Feb 29, 2016</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><br>IDAHO FALLS PC REPAIR AND RECYCLING LLC<br>SHEREE FIELDING<br>838 E 800 N<br>SHELLEY ID 83274 |         | SHEREE FIELDING<br>838 E 800 N<br>SHELLEY ID 83274-8327 |         |                  |  |
|  |                 |  |         | 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      |  |
| MANAGER  | JOHN W FIELDING | 838 E 800 N  | SHELLEY | ID  | USA     | 83274            |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*  |         |   |         |                  |  |
| <b>ID<br/>W 147761</b>   |                 | Signature: Sheree Fielding   |         |   |         | Date: 01/15/2016 |  |
|  |                 | Name (type or print): Sheree Fielding  |         |   |         | Title: Member    |  |
| Processed 01/15/2016   |                 | * Electronically provided signatures are accepted as original signatures.  |         |   |         |                  |  |