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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 4675</b>                                                                                                                                      |                 | <b>Due no later than Sep 30, 2014</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>Annual Report Form</b>                                                                                                                                               |            | WILLIAM HACKING<br>434 1/2 MAIN AVE S<br>TWIN FALLS ID 83301-3232 |         |             |  |
|                                                                                                                                                        |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>DIAMOND AUTOMOTIVE MACHINE, L.L.C.<br>SANDY L HACKING<br>1076 PARKWAY DR<br>TWIN FALLS ID 83301<br>USA |            | 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                                                                                                                                                | WILLIAM HACKING | 434 1/2 MAIN AVE S                                                                                                                                                      | TWIN FALLS | ID                                                                | USA     | 83301-3232  |  |
| MANAGER                                                                                                                                                | SANDRA HACKING  | 434 1/2 MAIN AVE S                                                                                                                                                      | TWIN FALLS | ID                                                                | USA     | 83301-3232  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 4675</b>                                                                                            |                 | 6. Annual Report must be signed.*<br>Signature: Sandy Hacking<br>Name (type or print): Sandy Hacking                                                                    |            |                                                                   |         |             |  |
|                                                                                                                                                        |                 | Date: 08/22/2014<br>Title: Manager                                                                                                                                      |            |                                                                   |         |             |  |
| Processed 08/22/2014                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                               |            |                                                                   |         |             |  |