No. W 35043		Due no later than Dec 31, 2011	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	LINNIE CLAVER 132 SOUTH 1000 WEST BLACKFOOT ID 83221			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.				
		CLAVER'S AUTO PAINTING, LLC EDWARD R CLAVER 132 SOUTH 1000 WEST				
		BLACKFOOT ID 83221	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies	s: Enter Nar	nes and Addresses of at least one Member or Manager.				
Office Held N	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER E	D CLAVER	132 SOUTH 1000 WEST	BLACKFOOT	ID	USA	83221
MEMBER LINNIE CLAV		ER 132 SOUTH 1000 WEST	BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Ed Claver	Date: 10/12/2011			
W 35043		Name (type or print): Ed Claver	Title: Manager			
Processed 10/12/2011		* Electronically provided signatures are accepted as original signatures.				