

No. <b>W 135153</b>		<b>Due no later than Mar 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  LAMONT'S EXPRESS LUBE AND AUTO REPAIR, LLC WADE W LAMONT 89 N STATE ST PRESTON ID 83263		WADE W LAMONT 89 N STATE ST PRESTON ID 83263			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name WADE W LAMONT	Street or PO Address 89 N STATE ST		City PRESTON	State ID	Country USA	Postal Code 83263-1236
5. Organized Under the Laws of:  <b>ID</b> <b>W 135153</b>		6. Annual Report must be signed.*  Signature: Wade W. Lamont Name (type or print): Wade W. Lamont  Date: 02/14/2017 Title: Manager					
Processed 02/14/2017 * Electronically provided signatures are accepted as original signatures.							