

|  |              |  |            |  |         |                      |  |
|--|--------------|--|------------|--|---------|----------------------|--|
| No. <b>W 107086</b>  |              | <b>Due no later than Sep 30, 2015</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>JM AUTO WHOLESale LLC.<br>JOEL MERRILL<br>2521 E 3719 N<br>TWIN FALLS ID 83301<br>USA |            | JOEL MERRILL<br>2521 E 3719 N<br>TWIN FALLS ID 83301 |         |                      |  |
|  |              |  |            | 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          |  |
| MEMBER   | JOEL MERRILL | 2521E 3719N  | TWIN FALLS | ID   | USA     | 83301                |  |
| 5. Organized Under the Laws of:  |              | 6. Annual Report must be signed.*  |            |  |         |                      |  |
| <b>ID<br/>W 107086</b>   |              | Signature: joel merrill  |            |  |         | Date: 07/27/2015     |  |
|  |              | Name (type or print): joel merrill   |            |  |         | Title: member/ owner |  |
| Processed 07/27/2015   |              | * Electronically provided signatures are accepted as original signatures.  |            |  |         |                      |  |