

FILED EFFECTIVE

No. W 79730 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010 1. Mailing Address: Correct in this box if needed. QUALITY COLLISION REPAIR, LLC 315 SOUTH ELLA AVE SANDPOINT ID 83864	2. Registered Agent and Office (NOT A P.O. BOX) TAMZEN REEVES 315 SOUTH ELLA AVE SANDPOINT ID 83864 3. New Registered Agent Signature.																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Owner</td> <td>Tamzen Reeve</td> <td>603 Alder</td> <td>Sandpoint</td> <td>ID</td> <td></td> <td>83864</td> </tr> <tr> <td>owner</td> <td>Charles Reeves Sr.</td> <td>603 Alder</td> <td>Sandpoint</td> <td>ID</td> <td></td> <td>83864</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Owner	Tamzen Reeve	603 Alder	Sandpoint	ID		83864	owner	Charles Reeves Sr.	603 Alder	Sandpoint	ID		83864
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5. Organized Under the Laws of: IDAHO W 79730	6. Signature: <u>Tamzen J Reeves</u> Date: <u>7/15/10</u> Name (type or print): <u>Tamzen J Reeves</u> Title: <u>Owner</u>																						

Issued 03/11/2010 by LJM

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**