

|                                                                                                                                                        |                  |                                                                                  |       |                                                     |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------|-------|-----------------------------------------------------|------------------|-------------|--|
| No. <b>W 10794</b>                                                                                                                                     |                  | <b>Due no later than Jan 31, 2017</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 R GROVER<br>4140 E 645 NO<br>RIGBY ID 83442 |                  |             |  |
|                                                                                                                                                        |                  | <b>1. Mailing Address: Correct in this box if needed.</b>                        |       | 3. <u>New</u> Registered Agent Signature:*          |                  |             |  |
|                                                                                                                                                        |                  | GROVER'S ALL-WHEELS, LLC<br>WILLIAM R. GROVER<br>4140 E 645 NO<br>RIGBY ID 83442 |       |                                                     |                  |             |  |
| 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 R GROVER | 454 N 4200 E                                                                     | RIGBY | ID                                                  |                  | 83442       |  |
| MANAGER                                                                                                                                                | STACY L GROVER   | 4140 E 645 NO                                                                    | RIGBY | ID                                                  | USA              | 83442       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                |       |                                                     |                  |             |  |
| <b>ID<br/>W 10794</b>                                                                                                                                  |                  | Signature: William R Grover                                                      |       |                                                     | Date: 12/09/2016 |             |  |
|                                                                                                                                                        |                  | Name (type or print): William R Grover                                           |       |                                                     | Title: GM        |             |  |
| Processed 12/09/2016                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.        |       |                                                     |                  |             |  |