

No. W 30914		Due no later than May 31, 2015		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. ROCK CITY REPAIR & SUPPLY, LLC DAVID E OGREN, SR P O BOX 194 ALMO ID 83312-0194		DAVID E OGREN SR 836 E 3049 S ALMO 83312-0194	
				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
MANAGER	DAVID E OGREN SR	P O BOX 194	ALMO	ID	83312-0194
5. Organized Under the Laws of: ID W 30914		6. Annual Report must be signed.* Signature: David E. Ogren, Sr Name (type or print): David E. Ogren, Sr Date: 04/05/2015 Title: general manager			
Processed 04/05/2015		* Electronically provided signatures are accepted as original signatures.			