| No. W 29336 | | Due no later than Mar 31, 2013 | | 2 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--------------------|---|------------------------------|---|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | | MATT E ROLFE | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. DING GENIE COLLISION CENTER LLC MATT E ROLFE 4129 E 300 N RIGBY ID 83442 | | _ | 4129 E 300 N RIGBY ID 83442 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Com | npanies: Enter Nai | mes and Addresses of at | least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER MATT E ROLFE | | DLFE | 4129 E 300 N | | RIGBY | ID | USA | 83442 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Matt E Rolfe | | | Date: 02/19/2013 | | | |
| W 29336 | | Name (type or print): Matt E Rolfe | | | Title: Owner | | | |
| Processed 02/19/2013 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |