

|  |                  |  |               |  |                     |
|--|------------------|--|---------------|--|---------------------|
| No. <b>W 3777</b>  |                  | <b>Due no later than Mar 31, 2016</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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>PRO-COATS OF NORTH IDAHO, L.L.C.<br>RAY E.T. POLLARD<br>1103 N 5TH ST<br>COEUR D ALENE ID 83814-3221 |               | RAY E.T. POLLARD<br>1103 N 5TH ST<br>COEUR D'ALENE ID 83814-3221 |                     |
|  |                  |  |               | 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  | RAY E.T. POLLARD | 1103 N 5TH ST  | COEUR D'ALENE | ID   | 83814-3221          |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 3777</b>  |                  | 6. Annual Report must be signed.*<br>Signature: ray pollard<br>Name (type or print): ray pollard<br>Date: 01/18/2016<br>Title: manager   |               |  |                     |
| Processed 01/18/2016   |                  | * Electronically provided signatures are accepted as original signatures.  |               |  |                     |