

No. W 22554		Due no later than Feb 28, 2018		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. CAB WEST LLC THERESE I FALETTI TAX DEPT, FORD WHQ, ROOM 612 ONE AMERICAN ROAD DEARBORN MI 48126 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
				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	JASON BEHNKE	ONE AMERICAN RD	DEARBORN	MI	USA	48126	
MANAGER	COREY MACGILLIVRAY	ONE AMERICAN RD	DEARBORN	MI	USA	48126	
MANAGER	FRANK B BILOTTA	ONE AMERICAN RD	DEARBORN	MI	USA	48126	
MANAGER	BERNARD ANGELO	ONE AMERICAN RD	DEARBORN	MI	USA	48126	
MANAGER	ALEXANDRA GALEANO	ONE AMERICAN RD	DEARBORN	MI	USA	48126	
5. Organized Under the Laws of: ID W 22554		6. Annual Report must be signed.* Signature: COREY MACGILLIVRAY Name (type or print): COREY MACGILLIVRAY Date: 02/12/2018 Title: MANAGER					
Processed 02/12/2018		* Electronically provided signatures are accepted as original signatures.					