| No. <b>W 113527</b>  | Due no later than May 31, 2017   |   | 2. Registered A        | 2. Registered Agent and Address (NO PO BOX) |         |             |  |
|--|--|---|------------------------|---|---------|-------------|--|
| Return to:   |  | Annual Report Form  |                        |   |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed.  DUANE'S CUSTOM MOTORCYCLE HITCHES & ACCESSORIES, LLC  DUANE ASH 2015 POWERS DR LEWISTON ID 83501 |   | LEWISTON I             | 2015 POWERS DR<br>LEWISTON ID 83501         |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |  |   | 3. <u>New</u> Register | 3. <u>New</u> Registered Agent Signature:*  |         |             |  |
| 4. Limited Liability Companies: Enter N  | ames and Addres  | sses of at least one Member or Manager.                                   |                        |   |         |             |  |
| Office Held Name   |  | Street or PO Address  | City                   | State                                       | Country | Postal Code |  |
| MANAGER CHARLOTT   | E M ASH  | 2015 POWERS DRIVE   | LEWISTON               | ID  | USA     | 83501       |  |
| 5. Organized Under the Laws of:  | zed Under the Laws of:  6. Annual Report must be signed.*  |   |                        |   |         |             |  |
| ID   | Signature: Charlotte Ash   |   |                        | Date: 04/14/2017                            |         |             |  |
| W 113527   | Name (type or print): Charlotte Ash  |   |                        | Title: Manager                              |         |             |  |
| Processed 04/14/2017   | * Electronically   | * Electronically provided signatures are accepted as original signatures. |                        |   |         |             |  |