No. W 97841		Due no later than Nov 30, 2017			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JOSH PERKINS 10064 N REED RD HAYDEN ID 83835				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MASTERMINDS AUTOREPAIR & EXHAUST, L.L.C. JOSH D PERKINS 6680 GOVERNMENT WAY STE 204						
		DALTON GARD	ENS ID 83815		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companie	es: Enter Nar	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER COREY A R		OBINSON	149 LEO LN		SPIRIT LAKE	ID	USA	83869
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: corey robinson			Date: 10/12/2017			
W 97841		Name (type or print): corey robinson			Title: owner			
Processed 10/12/2017 * Electronically provided signatures are accepted as original signatures.								