

|                                                                                                                                                        |               |                                                                                                                                                            |             |                                                             |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------|---------|------------------|--|
| No. <b>W 115070</b>                                                                                                                                    |               | <b>Due no later than Jun 30, 2017</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>1. Mailing Address: Correct in this box if needed.</b><br>NEW IMAGE AUTO DETAILING LLC<br>JARED C LOWRY<br>3951 WILLOW RIDGE DR<br>IDAHO FALLS ID 83406 |             | JARED LOWRY<br>3951 WILLOW RIDGE DR<br>IDAHO FALLS ID 83406 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                                            |             | 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                                                                                                                                                | CAMILLE LOWRY | 3951 WILLOW RIDGE DR.                                                                                                                                      | IDAHO FALLS | ID                                                          | USA     | 83406            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                          |             |                                                             |         |                  |  |
| <b>ID<br/>W 115070</b>                                                                                                                                 |               | Signature: Jared Lowry                                                                                                                                     |             |                                                             |         | Date: 04/29/2017 |  |
|                                                                                                                                                        |               | Name (type or print): Jared Lowry                                                                                                                          |             |                                                             |         | Title: Owner     |  |
| Processed 04/29/2017                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                  |             |                                                             |         |                  |  |