| No. <b>W 134720</b>                                                                            |                | Due no later than Feb 28, 2015                                                                                                                         |                                       | 2 | 2. Registered Agent and Address (NO PO BOX)                                        |       |         |             |
|------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---|------------------------------------------------------------------------------------|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080             |                | Annual Report Form  1. Mailing Address: Correct in this box if needed.  DEVICE REPAIR PROS LLC RICHARD BAUCOM 1509 CALDWELL BLVD #1190  NAMPA ID 83651 |                                       |   | RICHARD BAUCOM 3813 PIERRE AVE CALDWELL 83605  3. New Registered Agent Signature:* |       |         |             |
|                                                                                                |                |                                                                                                                                                        |                                       |   |                                                                                    |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                                                       |                |                                                                                                                                                        |                                       |   |                                                                                    |       |         |             |
| 4. Limited Liability Compani                                                                   | ies: Enter Nai | mes and Addresse                                                                                                                                       | es of at least one Member or Manager. |   |                                                                                    |       |         |             |
| Office Held                                                                                    | Name           |                                                                                                                                                        | Street or PO Address                  |   | City                                                                               | State | Country | Postal Code |
| MEMBER RICHARD BAL                                                                             |                | AUCOM                                                                                                                                                  | 3813 PIERRE AVE                       |   | CALDWELL                                                                           | ID    | USA     | 83605       |
| 5. Organized Under the Laws of:                                                                |                | 6. Annual Report must be signed.*                                                                                                                      |                                       |   |                                                                                    |       |         |             |
| ID                                                                                             |                | Signature: Richard Baucom                                                                                                                              |                                       |   | Date: 03/14/2015                                                                   |       |         |             |
| W 134720                                                                                       |                | Name (type or print): Richard Baucom                                                                                                                   |                                       |   | Title: Member                                                                      |       |         |             |
| Processed 03/14/2015 * Electronically provided signatures are accepted as original signatures. |                |                                                                                                                                                        |                                       |   |                                                                                    |       |         |             |