

|                                                                                                                                                        |                |                                                                                                                                                                   |       |                                                        |         |                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|-----------------------|--|
| No. <b>C 44304</b>                                                                                                                                     |                | <b>Due no later than Sep 30, 2015</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><br>BRUNEEL TIRE SERVICE OF CALDWELL, INC.<br>CRAIG G BRUNEEL<br>5304 CHINDEN BLVD<br>BOISE ID 83714 |       | CRAIG G BRUNEEL<br>5304 CHINDEN BLVD<br>BOISE ID 83714 |         |                       |  |
|                                                                                                                                                        |                |                                                                                                                                                                   |       | 3. <u>New</u> Registered Agent Signature:*             |         |                       |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                |                                                                                                                                                                   |       |                                                        |         |                       |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                                              | City  | State                                                  | Country | Postal Code           |  |
| PRESIDENT                                                                                                                                              | CRAIG BRUNEEL  | 5304 CHINDEN BLVD                                                                                                                                                 | BOISE | ID                                                     | USA     | 83714                 |  |
| SECRETARY                                                                                                                                              | PAMELA BRUNEEL | 5304 CHINDEN BLVD                                                                                                                                                 | BOISE | ID                                                     | USA     | 83714                 |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                 |       |                                                        |         |                       |  |
| <b>ID<br/>C 44304</b>                                                                                                                                  |                | Signature: Jamie Warwick                                                                                                                                          |       |                                                        |         | Date: 07/20/2015      |  |
|                                                                                                                                                        |                | Name (type or print): Jamie Warwick                                                                                                                               |       |                                                        |         | Title: Office Manager |  |
| Processed 07/20/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                         |       |                                                        |         |                       |  |