

No. W 105112	Due no later than Jul 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		SAM KASPER 2755 LOLO CR RD WEIPPE ID 83553			
	BITTERROOT REPAIR LLC SAM KASPER PO BOX 65 WEIPPE ID 83553 USA		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	SAM KASPER	P.O.BOX 65	WEIPPE	ID	USA	83553
5. Organized Under the Laws of: ID W 105112		6. Annual Report must be signed.* Signature: Sam Kasper Name (type or print): Sam Kasper Date: 05/31/2014 Title: Owner				
Processed 05/31/2014		* Electronically provided signatures are accepted as original signatures.				