

No. <b>W 107408</b>		<b>Due no later than Oct 31, 2015</b>		<b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> REPAIR PRO LLC MIKE CARPER PO BOX 79 COEUR D ALENE ID 83816 USA		NANCI C HAWKINS 296 W SUNSET AVE STE 11 COEUR D ALENE ID 83815		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	MICHAEL D. CARPER	P.O. BOX 79	COEUR D'ALENE	ID	USA	83816	
5. Organized Under the Laws of:  <b>ID W 107408</b>		6. Annual Report must be signed.* Signature: Michael D. Carper Name (type or print): Michael D. Carper Date: 08/15/2015 Title: Manager					
Processed 08/15/2015		* Electronically provided signatures are accepted as original signatures.					