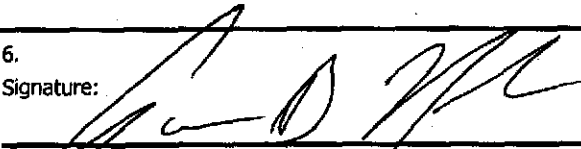
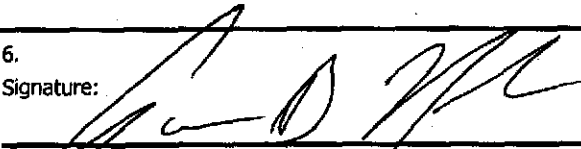
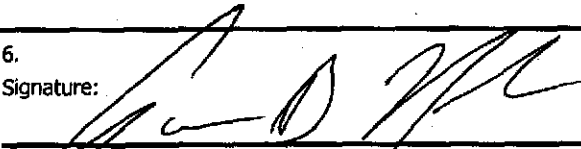


No. W 103567	Due no later than May 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) GARON LEFFLER 102 SUMMERS ST. CALDWELL ID 83605
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LEFFLER TRAILER REPAIR, LLC GARON LEFFLER 102 SUMMERS ST CALDWELL ID 83605		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Garon Leffler	102 Summers st	Caldwell, ID	Canyon		83605
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Brittany Thompson	102 summers st	Caldwell, ID	Canyon		83605
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Vince Leffler	102 Summer st	Caldwell, ID	Canyon		83605
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 103567 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 6/18/14 </td> </tr> <tr> <td> Name (type or print): <u>Garon B Leffler</u> </td> <td> Title: <u>Owner</u> </td> </tr> </table>	Signature: 	Date: 6/18/14	Name (type or print): <u>Garon B Leffler</u>	Title: <u>Owner</u>
Signature: 	Date: 6/18/14				
Name (type or print): <u>Garon B Leffler</u>	Title: <u>Owner</u>				

Issued 06/13/2014 by JLI 109772

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM