| No. W 13863 Return to: | | Due no later than Dec 31, 2010 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) JOHN R JACKSON | | | | |
|--|----------------|--|------------------------------------|---|--|-------|---------|-------------|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. BOB JACKSON BODY REPAIR, L.L.C. JOHN R JACKSON 856 F STREET LEWISTON ID 83501 | | ded. | 856 F STREET LEWISTON ID 83501 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 4. Limited Liability Compa | nies: Enter Na | mes and Addresse | s of at least one Member or Manage | r. | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER | JOHN R JACKSON | | 856 F STREET | | LEWISTON | ID | USA | 83501 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 13863 | | Signature: Marsha Wellman | | | Date: 10/26/2010 | | | |
| | | Name (type or print): Marsha Wellman | | | Title: Office Manager | | | |
| Processed 10/26/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |