

## INSTRUCTIONS ON REVERSE SIDE

ISSUED: 01-04-1992

No. <b>389</b>	<b>Idaho Limited Liability Company Annual Report Form</b>		2. Registered Agent and Office NOT A P.O. BOX	
Return To	Due No Later Than November 30, 1995		TOM GOODRICH	
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080	1. Mailing Address - Please Correct If Not Correct		805 NORTHGATE MILE	
* FIRST NOTICE *	CREDITMASTER AUTO SALES, L.L.C.		IDAHO FALLS ID 83401	
NO FEE REQUIRED	TOM GOODRICH		3. Organized Under The Laws of	
	1462 THREE FOUNTAINS DR		ID	
	IDAHO FALLS ID 83404		NO: 389	
4. Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) MUST BE PRINTED OR TYPED				
Name	Street or P.O. Address	City	State	Zip
Tom Goodrich	805 Northgate Mile	Idaho Falls	ID	83401
5. Signature of the Current Registered Agent (if changed in block 2)		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.		
_____		Signature <u>Thomas L. Goodrich</u> Name <u>Thomas L. Goodrich</u> Date <u>7/14/95</u>		