

No. C 167679	Due no later than Jun 30, 2017 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. MIKES AUTO CLINIC, INC. MIKE WATKINS 611 3RD ST S NAMPA ID 83651		MIKE WATKINS 611 3RD ST SO NAMPA ID 83651			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	MIKE WATKINS	12282 DEER FLAT RD	NAMPA	ID	USA	83686
5. Organized Under the Laws of: ID C 167679	6. Annual Report must be signed.* Signature: mike watkins Name (type or print): mike watkins		Date: 04/26/2017 Title: president			
Processed 04/26/2017		* Electronically provided signatures are accepted as original signatures.				