

No. 99719	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1993		SHERRON C. CARLSON 16800 ROSE BRIAR LANE																									
	1. Mailing Address: <i>Official Contact or Non-Contact</i>		NAMPA ID 83687																									
	IDAHO COLLISION REPAIR, INC. SHERRON C. CARLSON 16800 ROSE BRIAR LANE NAMPA ID 83687		3. Incorporated Under The Laws of ID NO: 99719																									
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Gerald E Carlson</td> <td>16800 Rose Briar</td> <td>Nampa</td> <td>20</td> <td>83714</td> </tr> <tr> <td>Secretary:</td> <td>Sherron C Carlson</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Gerald E Carlson	16800 Rose Briar	Nampa	20	83714	Secretary:	Sherron C Carlson					Directors:					
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President:	Gerald E Carlson	16800 Rose Briar	Nampa	20	83714																							
Secretary:	Sherron C Carlson																											
Directors:																												
5. Nature of Business collision repair	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>7/23/92</td> </tr> <tr> <td>Name (Typed/Printed)</td> <td>SHERRON C. CARLSON</td> <td>Title</td> <td>Owner Bus Mgr</td> </tr> </table>				Signature		Date	7/23/92	Name (Typed/Printed)	SHERRON C. CARLSON	Title	Owner Bus Mgr																
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