

ISSUED: 07-05-1994

No. 60114	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1994		PHIL SEVERANCE 494 CRESTVIEW DR TWIN FALLS ID 83301																									
	1. Mailing Address — SNAKE RIVER AUTO BODY, INC. PHIL SEVERANCE 494 CRESTVIEW DR. TWIN FALLS ID 83301	3. Incorporated Under The Laws of ID NO: 60114																										
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>PHIL SEVERANCE</td> <td>494 CRESTVIEW DR.</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td>DONNA SEVERANCE</td> <td>494 CRESTVIEW DR.</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</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:	PHIL SEVERANCE	494 CRESTVIEW DR.	TWIN FALLS	ID	83301	Secretary:	DONNA SEVERANCE	494 CRESTVIEW DR.	TWIN FALLS	ID	83301	Directors:					
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Directors:																												
5. Nature of Business BODY SHOP	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><i>Phil Sevrance</i></td> <td>Date</td> <td>7/25/94</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>PHIL SEVERANCE</td> <td>Title</td> <td>PRESIDENT</td> </tr> </table>				Signature	<i>Phil Sevrance</i>	Date	7/25/94	Name (Typed or Printed)	PHIL SEVERANCE	Title	PRESIDENT																
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