| No. C 129782 | | Due no later than Jul 31, 2016 | | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. AUTO PRO COLLISION, INC. JIM W BURRUP 5300 S 5TH POCATELLO ID 83204 | | JIM BURRUP 5300 S 5TH POCATELLO ID 83204 3. New Registered Agent Signature:* | | | | | | | | | | | | |
| | | | | | | | | 4. Corporations: Enter Name | es and Busine | ess Addresses | of President, Secretary, and Directors. Tre | asurer (| optional). | | | |
| | | | | | | | | Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| | DENISE B BURRUP JIM W BURRUP | | 5300 S 5TH 5300 S 5TH | | POCATELLO POCATELLO | ID ID | USA USA | 83204 83204 | | | | | | | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | | | | | | | | |
| ID | | Signature: Denise Burrup | | | Date: 08/18/2016 | | | | | | | | | | | |
| C 129782 | | Name (type or print): Denise Burrup | | | Title: Secretary | | | | | | | | | | | |
| Processed 08/18/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | | | | | | | | | | |