

No. <b>C 105660</b>	<b>Due no later than Mar 31, 2018</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> AUTOMOTIVE CLINIC, INC. (THE) DAVE M WILLIAMS 577 BLUE LAKES BLVD N TWIN FALLS ID 83301	TIM STOVER 746 N COLLEGE RD STE C TWIN FALLS ID 83301  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	DAVE M WILLIAMS	577 BLUE LAKES BLVD N	TWIN FALLS	ID	USA	83301
SECRETARY	DAVID M WILLIAMS	577 BLUE LAKES BLVD. NORTH	TWIN FALLS	ID	USA	83301
DIRECTOR	KIMBERLY D BRACKETT	577 BLUE LAKES BLVD. NORTH	TWIN FALLS	ID	USA	83301
VICE PRESIDENT	KATHERINE E WILLIAMS	577 BLUE LAKES BLVD. NORTH	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:  <b>ID</b> <b>C 105660</b>	6. Annual Report must be signed.* Signature: David M Williams Name (type or print): David M Williams		Date: 02/11/2018 Title: President			
Processed 02/11/2018	* Electronically provided signatures are accepted as original signatures.					