No. C 105660	Due no later than March 31, 2008 **Annual Report Form**	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	1. Mailing Address - Correct in this box, if applicable AUTOMOTIVE CLINIC, INC. (THE) DAVE WILLIAMS 577 BLUE LAKES BLVD N TWIN FALLS, ID 83301	TIM STOVER 303 SHOSHONE ST N TWIN FALLS, ID 83301 3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	DAVID M. WILLIAMS	577 BLUE LAKES BLVD N.	TWIN FALLS	ID.	83301
VICE PRESIDENT	KATHY L. WILLIAMS	577 BLUE LAKES BLVD. N.	TWIN FALLS	ID.	83301
SECRETARY	KIMBERLY D. BRADLEY	577 BLUE LAKES BLVD. N.	TWIN FALLS	ID.	83301
TREASURER	DAVID M. WILLIAMS	577 BLUE LAKES BLVD. N.	TWIN FALLS	ID.	83301

5. Organized Under the Laws of:	6.
IDAHO C 105660	Signature David M. Williams Date 1-9-08 Name (Typed or Printed) DAVID M. WILLIAMS Title Pres.

Issued 01/02/2008

Do Not Tape or Staple

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