

No. <b>W 61569</b>		<b>Due no later than Apr 30, 2012</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>1. Mailing Address: Correct in this box if needed.</b>  3M AUTO CLINIC LLC CHRIS HALL POB 51053 IDAHO FALLS ID 83405 USA		CHRISTOPHER HALL POB 51053 IDAHO FALLS ID 83405			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name CHRISTOPHER HALL	Street or PO Address POB 51053		City IDAHO FALLS	State ID	Country USA	Postal Code 83405
5. Organized Under the Laws of:  <b>ID</b> <b>W 61569</b>		6. Annual Report must be signed.*  Signature: Christopher Hall Name (type or print): Christopher Hall  Date: 05/26/2012 Title: Manager					
Processed 05/26/2012      * Electronically provided signatures are accepted as original signatures.							