FILED EFFECTIVE

No. C 177297	Reinstatement Annual Report Form ADMIN DISSOLVED 05/05/2010	2. Registered Agent and Office **(NOT A P.O. BOX)** JOSHUA R THOMAS 10328 N GOVERNMENT WAY HAYDEN ID 83835
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	**1. Mailing Address: Correct in this box if needed.** CDA AUTO CARE, INC. JOSHUA R THOMAS 10328 N GOVERNMENT WAY HAYDEN ID 83835	3. New Registered Agent Signature.
REINSTATEMENT **FEE DUE:** $30.00		

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and(optional) Treasurer.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Pres	Joshua Thomas	10328 N Gov.	Hayden	ID		83835

5. Organized Under the Laws of:	6.
IDAHO C 177297	Signature: [signature] Date: 5/21/10 Name (type or print): Joshua Thomas Title: Pres

Issued 05/19/2010 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM