No. <b>C 167679</b>		Due no later than Jun 30, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MIKE WATKINS 1924 2ND ST S NAMPA ID 83651  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MIKES AUTO CLINIC, INC.  MIKE WATKINS  1924 2ND ST S  NAMPA ID 83651					
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
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 MIKE WATKI		NS 1924 2ND ST	SO	NAMPA	ID	USA	83651
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Mike Watkins	Date: 04/09/2010				
C 167679		Name (type or print): Mike Watkins	Title: President				
Processed 04/09/2010 * Electronically provided signatures are accepted as original signatures.							