No. W 100292		Due no later than Feb 29, 2012			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		DEREK CONDON				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LIBERTY COLLISION CENTER LLC DEREK CONDON PO BOX 991 BLACKFOOT ID 83221			1195 E WALKER BLACKFOOT ID 83221 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER DEREK E CONI		ONDON	P.O. BOX 991		BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Derek Condon			Date: 03/15/2012			
W 100292		Name (type or print): Derek Condon			Title: Owner			
Processed 03/15/2012 * Electronically provided signatures are accepted as original signatures.								