

No. W 68422	Reinstatement Annual Report Form ADMIN DISSOLVED 02/05/2009		2. Registered Agent and Office (NOT A P.O. BOX) TOBY MURRAY 5219 CHINDEN BLVD #B GARDEN CITY ID 83714 2025 LARCH ST CALDWELL ID 83605
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ACCESS AUTO COLLISION LLC 3819 N NORTH ST #105 BOISE ID 83704 2025 LARCH ST CALDWELL ID 83605		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>Toby MURRAY 2025 LARCH ST CALDWELL ID 83605 CANYON COUNTY</i>			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>GREER CIMBALIK 9592 GURDON DR Boise ID 83704 ADA COUNTY</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 68422 </div>		6. Signature: <i>Toby Murray</i> Date: <u>4/12/2013</u> Name (type or print): <u>Toby MURRAY</u> Title: <u>MANAGER</u>	
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