

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-04-1992

No. 105660	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	BRIT D GROOM
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080	1. Mailing Address -- Please Correct if Not Correct	401 SECOND STREET NORTH
* FIRST NOTICE *	AUTOMOTIVE CLINIC, INC. (THE)	TWIN FALLS ID 83303
NO FEE REQUIRED	DAVE WILLIAMS	3. Incorporated Under The Laws of
	577 BLUE LAKES BLVD N	ID
	TWIN FALLS ID 83301	NO: 105660

4. Names and Addresses of Officers and Directors

Name	Street or P.O. Address	City	State	Postal Code
President: DAVID M. WILLIAMS	1531 BRIARWOOD LANE	TWIN FALLS	ID	83301
Secretary: DAVE RON PRICE	120 PINE	HANSEN	ID	83334
Directors: KATHARINE E. WILLIAMS	1531 BRIARWOOD LANE	TWIN FALLS	ID	83301

5. Nature of Business

AUTOMOTIVE REPAIR

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

David M. Williams

Date

July 8, 1995

Name

(Typed or Printed)

DAVID M. WILLIAMS

Title

President