

No. W 5037 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than November 30, 2007 Annual Report Form 1. Mailing Address - Correct in this box, if applicable HAILEY AUTO CLINIC, L.L.C. DONALD J.H.S. TOUSSAINT PO BOX 1224 HAILEY, ID 83333	2. Registered Agent and Office NO PO BOX DONALD J.H.S. TOUSSAINT 1141 AIRPORT WAY, D-6 HAILEY, ID 83333 3. New Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers.																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>manager</td> <td>Donald JHS TOUSSAINT,</td> <td>P.O. Box 1224</td> <td>Hailey</td> <td>ID</td> <td>83333</td> </tr> <tr> <td>manager</td> <td>Maryette TOUSSAINT</td> <td>P.O. Box 1224</td> <td>Hailey</td> <td>ID.</td> <td>83333</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	manager	Donald JHS TOUSSAINT,	P.O. Box 1224	Hailey	ID	83333	manager	Maryette TOUSSAINT	P.O. Box 1224	Hailey	ID.	83333
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5. Organized Under the Laws of: IDAHO W 5037	6. Signature <u>Maryette Toussaint</u> Date <u>9-10-07</u> Name (Typed or Printed) <u>MARYETTE TOUSSAINT</u> Title <u>manager</u>																			

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