

INSTRUCTIONS ON REVERSE SIDE

No. 99338	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994	2. Registered Agent and Office NOT A P.O. BOX JOSEPH PAUL ALDAPE 516 EAST PROVIDENT DR BOISE ID 83706
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address — <i>Please Correct, If Not Correct</i> CAR DOCTOR, INC. (THE) JOSEPH PAUL ALDAPE 516 EAST PROVIDENT DR BOISE ID 83706	3. Incorporated Under The Laws of ID NO: 99338

4. Names and Addresses of Officers and Directors President: Secretary: Directors:	MUST BE PRINTED OR TYPED														
	<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Joseph Paul Aldape</td> <td>516 E. Provident Dr.</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> <tr> <td>Katherine Lynn Aldape</td> <td>516 E. Provident Dr.</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table>	Name	Street or P.O. Address	City	State	Zip	Joseph Paul Aldape	516 E. Provident Dr.	Boise	ID	83706	Katherine Lynn Aldape	516 E. Provident Dr.	Boise	ID
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Katherine Lynn Aldape	516 E. Provident Dr.	Boise	ID	83706											

5. Nature of Business Cosmetic Auto Restoration	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td data-bbox="530 845 1189 1000"> Signature <u>Kathy Aldape</u> Name (Typed or Printed) <u>Kathy Aldape</u> </td> <td data-bbox="1189 845 1615 1000"> Date <u>10/11/94</u> Title <u>Secretary/Treasurer</u> </td> </tr> </table>	Signature <u>Kathy Aldape</u> Name (Typed or Printed) <u>Kathy Aldape</u>	Date <u>10/11/94</u> Title <u>Secretary/Treasurer</u>
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