

No. C 172040	Due no later than Mar 31, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. C.A.R. CLINIC INC JOHN HOFFMANN 1321 BIZ TOWN LP HAYDEN ID 83835		JOHN HOFFMANN 4016 CALZADO DR COEUR D ALENE ID 83815			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	JOHN M HOFFMANN	SAME	HAYDEN	ID	USA	83835
5. Organized Under the Laws of: ID C 172040	6. Annual Report must be signed.* Signature: John Hoffmann Name (type or print): John Hoffmann		Date: 04/30/2013 Title: President			
Processed 04/30/2013		* Electronically provided signatures are accepted as original signatures.				