No. W 107551		Due no later than Oct 31, 2013		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			SHAWN KLITCH 2036 W ROSTEN AVE NAMPA ID 83686 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. COLLISION CONSULTING AND RECONSTRUCTION, LIMITED LIABILITY COMPANY SCOTT ERIC SKINNER 4610 POWER RD ONTARIO OR 97914		NAMPA ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER BETH ANN SKINNER		SKINNER	4610 POWER ROAD	ONTARIO	OR	USA	97914	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: So		Date: 09/21/2013				
W 107551		Name (type o		Title: Manager				
Processed 09/21/2013 * Electronically provided signatures are accepted as original signatures.								