

No. C 105660		Due no later than Mar 31, 2011		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. AUTOMOTIVE CLINIC, INC. (THE) DAVE M WILLIAMS 577 BLUE LAKES BLVD N TWIN FALLS ID 83301		TIM STOVER 746 N COLLEGE RD STE C TWIN FALLS ID 83301			
				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	
TREASURER	DAVE M WILLIAMS	577 BLUE LAKES BLVD N	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 105660		Signature: David M. Williams				Date: 02/10/2011	
		Name (type or print): David M. Williams				Title: Pres.	
Processed 02/10/2011		* Electronically provided signatures are accepted as original signatures.					