

No. <b>C 184142</b>		<b>Due no later than Aug 31, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  HOLST COLLISION CENTER INC. SHAUNA HOLST PO BOX 126 UCON ID 83454		SHAUNA L HOLST 10126 N YELLOWSTONE HWY UCON ID 83454			
						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	
SECRETARY	SHAUNA HOLST	PO BOX 126	UCON	ID	USA	83454	
PRESIDENT	JON HOLST	PO BOX 126	UCON	ID	USA	83454	
5. Organized Under the Laws of:  <b>ID</b> <b>C 184142</b>		6. Annual Report must be signed.*  Signature: Shauna L Holst Name (type or print): Shauna L Holst  Date: 07/10/2013 Title: Secretary					
Processed 07/10/2013 * Electronically provided signatures are accepted as original signatures.							