No. C 186016	Due no later than Jan 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		MICHAEL T SALTER 4605 W CHINDEN BLVD GARDEN CITY 83714-4755			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MICHAEL'S TOTAL AUTOMOTIVE COLLISION CENTER, INC. MICHEAL T SALTER 4605 W CHINDEN BLVD					
	GARDEN CITY ID 83714-4755		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
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 MICHAEL T	SALTER	4605 W CHINDEN BLVD	GARDEN CITY	ID	USA	83714-4755
5. Organized Under the Laws of:	6. Annual Report must be					
ID	Signature: Michael T Salter		Date: 12/16/2014			
C 186016	C 186016 Name (type or print): Michael T Salter		Title: President			
Processed 12/16/2014	* Electronically provided signatures are accepted as original signatures.					