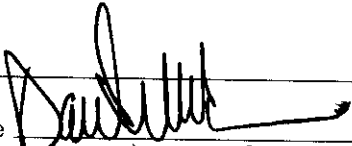


No. W 37176	Due no later than February 28, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX DAVID M ANDERSON 8590 W CHINDEN BLVD BOISE, ID 83714												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable BOISE AUTO CLINIC, LLC DAVID M ANDERSON 8590 W CHINDEN BLVD BOISE, ID 83714		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>David M. Anderson</td> <td>2913 Waterbury Pl.</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	David M. Anderson	2913 Waterbury Pl.	Boise	ID	83706
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	David M. Anderson	2913 Waterbury Pl.	Boise	ID	83706										
5. Organized Under the Laws of: IDAHO W 37176		6. Signature  Date <u>2-10-06</u> Name <small>(Typed or Printed)</small> <u>David M. Anderson</u> Title <u>manager</u>													

Issued 12/01/2005

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