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|--|------------------|--|-------|---|---------|-------------|--|
| No. C 187585 | | Due no later than Jun 30, 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. BLAZ 'N DIAGNOSTICS AUTO CARE, INC. SANDRA L GERLACH 4340 W. CHINDEN BLVD. BOISE ID 83714 | | DARCY L BLAZEK 4340 W CHINDEN BLVD BOISE ID 83714 | | | |
| | | | | 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 | SANDRA L GERLACH | 1090 N CAMELOT DR | BOISE | ID | USA | 83704 | |
| SECRETARY | DARCY L BLAZEK | P O BOX 746 | EAGLE | ID | USA | 83616 | |
| PRESIDENT | WILLIAM A BLAZEK | P O BOX 746 | EAGLE | ID | USA | 83616 | |
| 5. Organized Under the Laws of: ID C 187585 | | 6. Annual Report must be signed.* Signature: Sandra L Gerlach Name (type or print): Sandra L Gerlach Date: 07/08/2011 Title: Treasurer | | | | | |
| Processed 07/08/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |