

Annual Report Form

1998

2. Registered Agent and Office NOT A P.O. BOX

Due No Later Than November 30,

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

1. Mailing Address - Please Correct, If Not Correct

AUTOMOTIVE CLINIC, INC. (THE
DAVE WILLIAMS
577 BLUE LAKES BLVD N

BRIT D GROOM
401 SECOND STREET NORTH

TWIN FALLS ID 83303

3. Organized Under the Laws of:

ID C105660

** FINAL NOTICE **

TWIN FALLS ID 83301

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
PRES	DAVID M. WILLIAMS	1531 BIRCHWOOD LN.	TWIN FALLS	ID	83301
V-PRES	KATHERINE E. WILLIAMS	1531 BIRCHWOOD LN.	TWIN FALLS	ID	83301
SECRETARY	RONALD PRICE	120 PINE AV.	KIMBERLY	ID	83334

5. Signature of New Registered Agent

6.

Signature

Name

DAVID M. WILLIAMS

Date

10-21-98

Title

PRES.

ISSUED: 10-03-1998

DO NOT TAPE OR STAPLE

1347