

|                                                                                                                                                        |                |                                                                                          |          |                                                      |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------|----------|------------------------------------------------------|------------------|-------------|--|
| No. <b>C 100623</b>                                                                                                                                    |                | <b>Due no later than Jan 31, 2011</b>                                                    |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>   |                  |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b>                                                                |          | DONNA DEMARK<br>603 HANNIBAL ST<br>CALDWELL ID 83605 |                  |             |  |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b>                                |          | 3. <u>New</u> Registered Agent Signature:*           |                  |             |  |
|                                                                                                                                                        |                | DEMARK AUTO REPAIR & PARTS, INC.<br>DONNA DEMARK<br>603 HANNIBAL ST<br>CALDWELL ID 83605 |          |                                                      |                  |             |  |
| 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                                                                                                                                              | LORI A STOUT   | 1504 TETON                                                                               | CALDWELL | ID                                                   | USA              | 83605       |  |
| PRESIDENT                                                                                                                                              | DONNA L DEMARK | 603 HANNIBAL                                                                             | CALDWELL | ID                                                   | USA              | 80630       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                        |          |                                                      |                  |             |  |
| <b>ID<br/>C 100623</b>                                                                                                                                 |                | Signature: Donna DEMARK                                                                  |          |                                                      | Date: 12/06/2010 |             |  |
|                                                                                                                                                        |                | Name (type or print): Donna DEMARK                                                       |          |                                                      | Title: Pres.     |             |  |
| Processed 12/06/2010                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                |          |                                                      |                  |             |  |