| No. C 146584 | | Due no later than Dec 31, 2009 | | 2. I | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|--------------------------------|--|--|-------------|--|----------|------------|----------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. PAYETTE COLLISION CENTER, INC. KAREN A JORDAN PO BOX 147 PAYETTE ID 83661 | | d. | KAREN A JORDAN 134 NORTH MAIN ST PAYETTE ID 83661 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | and Addresses of Dree | sident County and Diseatons Tuesday | an way (anh | ional) | | | |
| 1 200 101 10 | es and busin Name | ess Addresses of Pres | Street or PO Address | | ity | State | Country | Postal Code |
| SECRETARY I | KAREN A JORDAN MONY K OLSON | | 134 N MAIN STREET 134 N MAIN STREET | PA | AYETTE AYETTE | ID ID | USA USA | 83661 83661 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ъ | | Signature: Karen Jordan | | | Date: 01/15/2010 | | | |
| C 146584 | | Name (type or print): Karen Jordan | | | Title: Secretary | | | |
| Processed 01/15/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |