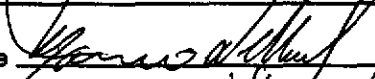


No. C 164517	Due no later than January 31, 2009	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form	
	1. Mailing Address - Correct in this box, if applicable MAURO AUTO REPAIR & SALES, INC. 1982 FLORAL AVE TWIN FALLS, ID 83301	MAURO VILLARRUEL 69 N HWY 75 SHOSHONE, ID 83352 3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	mauro villarruel	P.O. Box 50	Shoshone	ID	83352
Secretary	Andrea Villarruel	P.O. Box 50	Shoshone	ID	83352

5. Organized Under the Laws of: IDAHO C 164517	6.  Signature _____ Date <u>12-29-08</u> Name (Typed or Printed) <u>MAURO VILLARRUEL</u> Title <u>PRESIDENT</u>
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Issued 11/05/2008

Do Not Tape or Staple

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