

No. C 105660	Due no later than Mar 31, 2010 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. AUTOMOTIVE CLINIC, INC. (THE) DAVE M WILLIAMS 577 BLUE LAKES BLVD N TWIN FALLS ID 83301	TIM STOVER 746 N COLLEGE RD STE C TWIN FALLS ID 83301				
		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
SECRETARY	DAVE M WILLIAMS	577 BLUE LAKES BLVD N	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 105660	6. Annual Report must be signed.* Signature: David M Williams Name (type or print): David M Williams		Date: 01/18/2010 Title: Secretary			
Processed 01/18/2010		* Electronically provided signatures are accepted as original signatures.				