| No. C 141108 | Due no later than Oct 31, 2009 | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|--|---------------------|---------|-------------|
| Return to: | Annual Report Form | WILLIAM L PRICE 1615 BELL AIR CIRCLE TWIN FALLS ID 83301 | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | BILL'S AUTOMOTIVE AND MUFFLER, INC. BILL L PRICE 402 MAIN AVE SOUTH | T WIN FALLS | TWIN FALLS ID 83301 | | |
| | TWIN FALLS ID 83301 | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | |
| 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 |
| PRESIDENT BILL L PRI | CE 1615 BELAIR CR | TWIN FALLS | ID | USA | 83301 |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | |
| ID | Signature: Bill Price | Date: 11/24/2009 | | | |
| C 141108 | Name (type or print): Bill Price | Title: Pres | | | |
| Processed 11/24/2009 | * Electronically provided signatures are accepted as original signatures. | | | | |