

No. W 14342	Due no later than Feb 29, 2012 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. PREMIER COLLISION CENTER LLC MICHAEL J TOLMAN 2167 GARRETT WAY POCATELLO ID 83201 USA		MICHAEL J TOLMAN 2167 GARRETT WAY POCATELLO ID 83201			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	MICHAEL J TOLMAN	11439 W. WHISPERING CLIFFS	POCATELLO	ID	USA	83202
5. Organized Under the Laws of: ID W 14342	6. Annual Report must be signed.* Signature: Michael J Tolman Name (type or print): Michael J Tolman		Date: 12/09/2011 Title: Manager			
Processed 12/09/2011		* Electronically provided signatures are accepted as original signatures.				