

No. **W 14342**

**Due no later than February 28, 2005
Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

PREMIER COLLISION CENTER LLC
2167 GARRETT WAY
POCATELLO, ID 83201

MICHAEL J TOLMAN
2167 GARRETT WAY
POCATELLO, ID 83201

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	MICHAEL TOLMAN	11439 W WHISPERING CLIFFS	POCATELLO	ID.	83201
MANAGER	GREG WASSMUTH	4376 GARTON LANE	POCATELLO	ID.	83201

5. Organized Under the Laws of:

IDAHO
W 14342

6.

Signature

Date

12/28/04

Name (Typed or Printed)

MIKE TOLMAN

Title

MANAGER.