FILED EFFECTIVE

No. W 40979	Reinstatement Annual Report Form ADMIN DISSOLVED 10/10/2007	2. Registered Agent and Office (NOT A P.O. BOX) ROBERT MILLER JR 8247 S STATE ST GARDEN CITY ID 83714
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. TREASURE VALLEY COLLISION CENTER L.L.C. ~~2467 LENOX CT~~ ~~EAGLE ID 83616~~ 8247 W. State St. Garden City. ID. 83714	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

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

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
owner	Robert Miller Jr.	8247 w. State	Garden City	ID.	83714	

SECRETARY OF STATE
STATE OF IDAHO
07 OCT 16 AM 8:13

5. Organized Under the Laws of:	6.
IDAHO W 40979	Signature: [signature] Date: 10-15-07 Name (type or print): Robert A Miller JR Title: owner

Issued 10/15/2007 by LG

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a **new** registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note: Putting "same as last year" or "same as above" will not be accepted.**

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the LLC. Print or type the name of the signer below the signature.