No. **W 68546**	**Due no later than Nov 30, 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.** CLEARWATER COLLISION CENTER LLC VICKI EVANS PO BOX 416 KAMIAH ID 83536	JON T EVANS 3360 HWY 12 KAMIAH ID 83536 3. New 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	JON EVANS	205 ROCK VIEW DR	KAMIAH	ID	USA	83536
MANAGER	VICKI EVANS	205 ROCK VIEW DR	KAMIAH	ID	USA	83536

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 68546**	Signature: Brandy L. McElroy	Date: 10/18/2010
	Name (type or print): Brandy L. McElroy	Title: Cpa

Processed 10/18/2010

* Electronically provided signatures are accepted as original signatures.