

No. W 9292	Due no later than Jul 31, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX DOUG GASKILL 3392 E 3788 N KIMBERLY, ID 83341																		
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 applicable IDAHO COLLISION REPAIR & REFINISHIN 3155 E 3200 N 3392 E 3788 N TWIN FALLS, ID 83301 Kimberly ID 83341		3. New Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Doug GASKILL</td> <td>3392 E 3788 N</td> <td>Kimberly</td> <td>Id</td> <td>83341</td> </tr> <tr> <td>Member</td> <td>Charmaine GASKILL</td> <td>3392 E 3788 N</td> <td>Kimberly</td> <td>Id</td> <td>83341</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Member	Doug GASKILL	3392 E 3788 N	Kimberly	Id	83341	Member	Charmaine GASKILL	3392 E 3788 N	Kimberly	Id	83341
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5. Organized Under the Laws of: IDAHO W 9292		6. Signature <u>Charmaine Gaskill</u> Date <u>7/26/00</u> Name (Typed or Printed) <u>Charmaine GASKILL</u> Time <u>12:40</u>																			

Issued 05/10/2000

Do Not Tape or Staple

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