No. **W 37176**	**Due no later than Feb 28, 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.** BOISE AUTO CLINIC, LLC DAVID M ANDERSON 8590 W CHINDEN BLVD BOISE ID 83714	DAVID M ANDERSON 8590 W CHINDEN BLVD BOISE ID 83714 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	DAVID M ANDERSON	2913 WATERBURY	BOISE	ID	USA	83706

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 37176**	Signature: David M. Anderson	Date: 01/01/2010
	Name (type or print): David M. Anderson	Title: Owner

Processed 01/01/2010

* Electronically provided signatures are accepted as original signatures.