

No. <b>W 14342</b>		<b>Due no later than Feb 28, 2006</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  PREMIER COLLISION CENTER LLC MICHAEL J TOLMAN 2167 GARRETT WAY POCATELLO ID 83201 0000		MICHAEL J TOLMAN 2167 GARRETT WAY POCATELLO ID 83201 0000	
				3. <u>New</u> 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	MICHAEL J TOLMAN	11439 W. WHISPERING CLIFFS	POCATELLO	ID	83202
MANAGER	GREGORY F WASSMUTH	4376 GARTON EANE	POCATELLO	ID	83204
5. Organized Under the Laws of:  <b>IDAHO W 14342</b>		6. Annual Report must be signed.* Signature: MICHAEL J. TOLMAN Name (type or print): MICHAEL J. TOLMAN Date: 02/15/2006 Title: MANAGER			
Processed 02/15/2006		* Electronically provided signatures are accepted as original signatures.			