No. **C 167679**	**Due no later than Jun 30, 2015** **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.** MIKES AUTO CLINIC, INC. MIKE WATKINS 611 3RD ST S NAMPA ID 83651 USA	MIKE WATKINS 611 3RD ST SO NAMPA 83651 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	MIKE WATKINS	1220 E. AMITY AVE	NAMPA	ID	USA	83686

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 167679**	Signature: mike watkins Name (type or print): mike watkins	Date: 04/17/2015 Title: pres

Processed 04/17/2015

* Electronically provided signatures are accepted as original signatures.