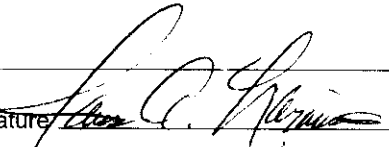


No. W 6405	Due no later than June 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1 Mailing Address - Correct in this box, if applicable		JAMES ANDREW LARIMORE 8075 CASWELL BOISE, ID 83703												
	WINSHIELD REPAIR SPECIALISTS, L.L.C JAMES ANDREW LARIMORE 8075 CASWELL BOISE, ID 83714		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>James A. Larimore</td> <td>8075 Caswell St.</td> <td>Boise</td> <td>ID</td> <td>83714</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	James A. Larimore	8075 Caswell St.	Boise	ID	83714
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	James A. Larimore	8075 Caswell St.	Boise	ID	83714										
5. Organized Under the Laws of: IDAHO W 6405	6.  Signature _____ Date <u>4/26/04</u> Name <small>(Type or Print)</small> <u>James A. Larimore</u> Title <u>Manager</u>														

Issued 04/01/2004

Do Not Tape or Staple

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