No. C 105660		Due no later than Mar 31, 2015		2. Registered Ag	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		Annual Report Form 1. Mailing Address: Correct in this box if needed. AUTOMOTIVE CLINIC, INC. (THE) DAVE M WILLIAMS 577 BLUE LAKES BLVD N TWIN FALLS ID 83301		TWIN FALLS	TIM STOVER 746 N COLLEGE RD STE C			
4. Corporations: Enter Nar	nes and Busin	ess Addresses of Pres	sident, Secretary, and Directors. Treasure	er (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
PRESIDENT SECRETARY DIRECTOR VICE PRESIDENT	DAVE M WILLIAMS DAVID M WILLIAMS KIMBERLY D BRACKETT KATHERINE E WILLIAMS		577 BLUE LAKES BLVD N 577 BLUE LAKES BLVD. NORTH 577 BLUE LAKES BLVD. NORTH 577 BLUE LAKES BLVD. NORTH	TWIN FALLS TWIN FALLS TWIN FALLS TWIN FALLS	ID ID ID ID	USA USA USA USA	83301 83301 83301 83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 105660		Signature: dmw Name (type or print): dmw		Date: 01/16/2015 Title: pres				
Processed 01/16/2015	* Electronically provided signatures are accepted as original signatures.							