

No. C 172040		Due no later than Mar 31, 2014		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. C.A.R. CLINIC INC JOHN HOFFMANN 1321 BIZ TOWN LP HAYDEN ID 83835		JOHN HOFFMANN 1321 W BIZTOWN LOOP HAYDEN ID 83835	
				3. <u>New</u> 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	JOHN M HOFFMANN	SAME	HAYDEN	ID	USA 83835
5. Organized Under the Laws of: ID C 172040		6. Annual Report must be signed.* Signature: John Hoffmann Name (type or print): John Hoffmann Date: 04/14/2014 Title: President			
Processed 04/14/2014		* Electronically provided signatures are accepted as original signatures.			