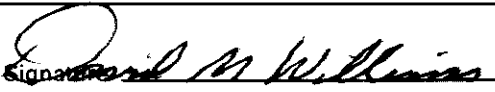


No. C105660	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, if Not Correct		BRIT D GROOM 401 SECOND STREET NORTH TWIN FALLS ID 83303
	AUTOMOTIVE CLINIC, INC. (THE DAVE WILLIAMS 577 BLUE LAKES BLVD N TWIN FALLS ID 83301		3. Organized Under the Laws of: ID C105660
** FINAL NOTICE **			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
Pres.	DAVID M. WILLIAMS	1531 BRARWOOD LN.	TWIN FALL ID 83301
V. Pres	KATHERINE E. WILLIAMS	1531 BRARWOOD LN.	TWIN FALLS ID 83301
Sec	RON PRICE	120 Pine Ave.	HANSEN, ID. 83334
5. <u>New</u> Registered Agent Signature		6.  Signature _____ Date <u>10-26-99</u> Name <u>DAVID M. WILLIAMS</u> Title <u>Pres.</u>	

ISSUED: 10-01-1999

1420