No. C 184142		Due no later than Aug 31, 2012 2. Registered Agent and Address (NO PO BOX				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. HOLST COLLISION CENTER INC. SHAUNA HOLST PO BOX 126 UCON ID 83454	SHAUNA L HOLST 10126 N YELLOWSTONE HWY UCON ID 83454 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
Office Held Names		s Addresses of President, Secretary, and Directors. Treasurer Street or PO Address	City	State	Country	Postal Code
SECRETARY SH	AUNA HOLS N HOLST		UCON UCON	ID ID	USA USA	83454 83454
5. Organized Under the Laws of:		5. Annual Report must be signed.*				
ID		Signature: Shauna L Holst	Date: 06/18/2012			
C 184142		Name (type or print): Shauna L Holst	Title: Secretary			
Processed 06/18/2012	*	* Electronically provided signatures are accepted as original signatures.				