No. <b>W 61569</b>		Due no later than Apr 30, 2010		2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Addres 3M AUTO CLINIC LL PO BOX 621	Annual Report Form  1. Mailing Address: Correct in this box if needed.  3M AUTO CLINIC LLC PO BOX 621 PAYETTE ID 83661		CHRISTOPHER HALL 1198 STATE ST WEISER ID 83672  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter	Names and Addresses of	at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MANAGER CHRISTO MANAGER BROOK F	PHER HALL ALL	1911 3RD AVE SOUTH 1911 3RD AVE S	PAYETTE PAYETTE	ID ID	USA USA	83661 83661		
5. Organized Under the Laws of:	6. Annual Report mus	6. Annual Report must be signed.*						
ID	Signature: Christon	Signature: Christopher Hall			Date: 02/13/2010			
W 61569	Name (type or prin	Name (type or print): Christopher Hall			Title: Manager			
Processed 02/13/2010	* Electronically provided signatures are accepted as original signatures.							