

No. W 14342	Due no later than Feb 28, 2007 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. PREMIER COLLISION CENTER LLC MICHAEL J TOLMAN 2167 GARRETT WAY POCATELLO ID 83201		MICHAEL J TOLMAN 2167 GARRETT WAY POCATELLO ID 83201			
			3. <u>New</u> Registered Agent Signature:*			
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	MICHAEL J TOLMAN	11439 W. WHISPERING CLIFFS	POCATELLO	ID		83202
MANAGER	GREGORY F WASSMUTH	5497 MOONLITE MINE RD.	POCATELLO	ID		83201
5. Organized Under the Laws of: IDAHO W 14342	6. Annual Report must be signed.* Signature: MICHAEL J. TOLMAN Name (type or print): MICHAEL J. TOLMAN		Date: 12/11/2006 Title: OWNER			
Processed 12/11/2006		* Electronically provided signatures are accepted as original signatures.				