

No. C 172040

Due no later than March 31, 2009
Annual Report Form2. Registered Agent and Office **NO PO BOX**Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

C.A.R. CLINIC INC
JOHN HOFFMANN
1321 BIZ TOWN LP
HAYDEN, ID 83835JOHN HOFFMANN
9471 E HOWARD RD
ATHOL, ID, 83801**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature
[Signature]

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office heldNameStreet or P.O. AddressCityStateZip

PRES/SEC JOHN
HOFFMANN 1321 BIZ TOWN
LOOP HAYDEN ID 83835

5. Organized Under the Laws of:

IDAHO
C 172040

6.

Signature

Name

(Typed or
Printed)

Date

Title

[Signature]
John Hoffmann
3-16-09
PRES/SEC