

No. W 14342		Due no later than Feb 28, 2009		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		Annual Report Form 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	USA	83202	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 14342		Signature: Michael Tolman				Date: 12/11/2008	
		Name (type or print): Michael Tolman				Title: Owner	
Processed 12/11/2008		* Electronically provided signatures are accepted as original signatures.					