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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 54920</b>                                                                                                                                     |              | <b>Due no later than Sep 30, 2007</b>                                                                                                                      |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>DR MOTOR CAR LLC<br>DEBORAH A GIBSON<br>82 EAST STATE STREET<br>SUITE C<br>EAGLE ID 83616 |       | DEBBY GIBSON<br>5021 N SCHUBERT AVE<br>MERIDIAN ID 83642 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                            |       | 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 |  |
| MEMBER                                                                                                                                                 | DEBBY GIBSON | 82 EAST STATE STREET SUITE C                                                                                                                               | EAGLE | ID                                                       | USA     | 83616       |  |
| MEMBER                                                                                                                                                 | RUSS GIBSON  | 82 EAST STATE STREET SUITE C                                                                                                                               | EAGLE | ID                                                       | USA     | 83616       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 54920</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Deborah Gibson<br>Name (type or print): Deborah Gibson<br>Date: 10/09/2007<br>Title: Member                |       |                                                          |         |             |  |
| Processed 10/09/2007                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                  |       |                                                          |         |             |  |