No. C 105660	Due no later than March 31, 2006	2. Registered Agent and Office NO PO BO)
Return to:	Annual Report Form	TILL CTOVED
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	03 SHOSHONE ST N
700 WEST JEFFERSON	AUTOMOTIVE CLINIC, INC. (THE)	TWIN FALLS, ID 83301
	DAVE WILLIAMS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DOIGE, ID 63720-0060	577 BLUE LAKES BLVD N	
	TWIN FALLS, ID 83301	
NO FILING FEE IF		3. New Registered Agent Signature
RECEIVED BY DUE DATE		
 Corporations: Enter Names 	and Business Addresses of President, Secreta	ary and Directors
Office held Name	Street on D.O. Address	
	Street or P.O. Address	<u>City State Zip</u>
Resident DAVID M.	WILLIAMS 577 BLUE LAKES BLOD. A	V. Their Parts To 85301
VICE PRESIDEND NOTHY E	WILLIAMS 577 Blue LAKES BLOD. N WILLIAMS 577 Blue LAKES BLOD. N. BRACKET 577 Blue Likes BLVD. N. WILLIAMS 597 Blue LAKES BL	THEN BULL CA SOON
Out to I A	BA HT FAD BU LINE PLIA	1 22 1400, 70 8801
secretary kindowey o	OBLIGHT STITUTE DEER BADE	THIN 14115, 20.83301
TRAISMAN DINO M.	WILLIAMS 500 BCUR LAKES She	P. N. Twn Easts Dr 83801
		7,200,000
5. Organized Under the Laws of:		
	6. () / 1 / /	·1
IDAHO	Signature	Date 1-6-2006
C 105660		
		Δ
	Name Printed MINE M. W. H.	Title Res
Issued 01/04/2006	Name Printe M. W. W. L. A. Do Not Tape or Staple	200603004174