

No. **C 105660**

Due no later than March 31, 2006

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

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

AUTOMOTIVE CLINIC, INC. (THE)
DAVE WILLIAMS
577 BLUE LAKES BLVD N
TWIN FALLS, ID 83301TIM STOVER
03 SHOSHONE ST N
TWIN FALLS, ID 83301**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	DAVID M. WILLIAMS	577 BLUE LAKES BLVD. N.	TWIN FALLS, ID		83301
Vice President	KATHY E. WILLIAMS	577 BLUE LAKES BLVD. N.	TWIN FALLS, ID		83301
Secretary	KIMBERLY D. BRACKETT	577 BLUE LAKES BLVD. N.	TWIN FALLS, ID		83301
Treasurer	DAVID M. WILLIAMS	577 BLUE LAKES BLVD. N.	TWIN FALLS, ID		83301

5. Organized Under the Laws of:

IDAHO
C 105660

6.

Signature

Name

(Typed or
Printed)

DAVID M. WILLIAMS

Date

1-6-2006

Title

Pres.

Issued 01/04/2006

Do Not Tape or Staple

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