

No. <b>W 37176</b>		<b>Due no later than Feb 29, 2008</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> BOISE AUTO CLINIC, LLC DAVID M ANDERSON 8590 W CHINDEN BLVD BOISE ID 83714		DAVID M ANDERSON 8590 W CHINDEN BLVD BOISE ID 83714			
				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	DAVID M ANDERSON	2913 WATERBURY	BOISE	ID	USA	83706	
5. Organized Under the Laws of: <b>ID W 37176</b>		6. Annual Report must be signed.* Signature: David M. Anderson Name (type or print): David M. Anderson Date: 12/11/2007 Title: Owner					
Processed 12/11/2007		* Electronically provided signatures are accepted as original signatures.					