No. W 25874		Due no later than Sep 30, 2009		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. MXSMF, LLC GEORGE P AMBROSE PO BOX 774 FILER ID 83328		4050 NORT FILER ID	GEORGE P AMBROSE 4050 NORTH 2100 EAST FILER ID 83328 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held Na	ame		Street or PO Address	City	State	Country	Postal Code	
	ORGE P AMBROSE ARTHA E AMBROSE		PO BOX 774 PO BOX 774	FILER FILER	ID ID	USA USA	83328 83328	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 25874		Signature: Ge		Date: 07/21/2009				
		Name (type o	r print): George Ambrose		Title: Manager			
Processed 07/21/2009		* Electronically provided signatures are accepted as original signatures.						