| No. W 62533 | | Due no later than May 31, 2009 | | 2. Registered A | 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. MAC2 L.L.C. R CAFARELLI P.O. BOX 1504 MERCER ISLAND WA 98040 CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702- USA 3. New Registered Agent Signature:* | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | nes and Addresses of at lea | st one Member or Manager. | | | | | |
| Office Held | Name | | treet or PO Address | City | State | Country | Postal Code | |
| MEMBER RAY CAFARELLI | | ELLI 1 | 0900 NE 8TH ST STE 900 | BELLEVUE | WA | USA | 98004 | |
| WA | | 6. Annual Report must be signed.* Signature: R Cafarelli | | | Date: 07/16/2009 | | | |
| W 62533 Processed 07/16/2009 | | Name (type or print): R Cafarelli Title: Member * Electronically provided signatures are accepted as original signatures. | | | | | | |