

<b>No. W 14766</b>	<b>Due no later than March 31, 2007</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b>																		
<b>Return to:</b> SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address * Correct in this box. (if applicable)</b> TRANSMISSION CITY, L.L.C. 240 6TH AVE WEST TWIN FALLS, ID 83301		TOM WOOD 240 6TH AVE WEST TWIN FALLS, ID 83301																		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			<b>3. New Registered Agent Signature</b>																		
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers.</b> <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Partner</td> <td>Tom Wood</td> <td>240 6th ave west</td> <td>Twin Falls, Id.</td> <td></td> <td>83301</td> </tr> <tr> <td>Mang.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Partner	Tom Wood	240 6th ave west	Twin Falls, Id.		83301	Mang.					
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Mang.																					
<b>5. Organized Under the Laws of:</b> IDAHO W 14766	<b>6.</b> Signature <u>Tom Wood</u> Date <u>1-10-07</u> Name (Typed or Printed) <u>Tom Wood</u> Title <u>Partner mang.</u>																				

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