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|--|------------------|---|-----------|---|-------------------------|-------------|--|
| No. W 22353 | | Due no later than Jan 31, 2010 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | WILLIAM S MALCOM 1711 18TH ST LEWISTON ID 83501 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | MBROS, LLC WILLIAM S. MALCOM 1711 18TH ST LEWISTON ID 83501 | | | | | |
| 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 | |
| MEMBER | K MICHAEL MALCOM | 1431 8TH ST | CLARKSTON | WA | USA | 99403 | |
| MEMBER | WILLIAM S MALCOM | 1505 PROSPECT AVE | LEWISTON | ID | USA | 83501 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 22353 | | Signature: William S. Malcom | | | Date: 11/10/2009 | | |
| | | Name (type or print): William S. Malcom | | | Title: Managing Partner | | |
| Processed 11/10/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |