No. W 50318		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. MP MASK TECHNOLOGY CENTER, LLC JOEL M FRENDT 3851 E COLUMBIA RD POISE ID 93716		1401 SHORI BOISE ID	CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		BOISE ID 83716 USA		3. <u>New</u> Registe	3. INCIV. INCUSSION OF AGENC SIGNATURE.			
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	D. MARK DURCAN		3851 E COLUMBIA RD	BOISE	ID	USA	83716	
MANAGER	SCOTT DEBOER		3851 E COLUMBIA RD	BOISE	ID	USA	83716	
MANAGER	MARK HEIL		3851 E COLUMBIA RD	BOISE	ID	USA	83716	
MANAGER	CONSTANTINE S MACRICOSTAS		3851 E COLUMBIA RD	BOISE	ID	USA	83716	
MANAGER			3851 E COLUMBIA RD	BOISE	ID	USA	83716	
MANAGER	SEAN T. SMITH		3851 E COLUMBIA RD	BOISE	ID	USA	83716	
5. Organized Under the Laws of: 6. A		6. Annual Report must be signed.*						
DE		Signature: Mark J Heil			Date: 05/13/2009			
W 50318		Name (type or print): Mark J Heil			Title: Manager			
Processed 05/13/2009 * Electronically provided signatures are accepted as original signatures.								