


<b>No. W 25874</b>		<b>Due no later than September 30, 2007 Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b>	
<b>Return to:</b> SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address - Correct in this box, if applicable</b>		GEORGE P AMBROSE 4050 NORTH 2100 EAST FILER, ID 83328	
		MXSMF, LLC PO BOX 774 FILER, ID 83328		<b>3. New Registered Agent Signature</b>	
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers.</b>					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	GEORGE AMBROSE	P.O. BOX 774	FILER	IDAHO	83328
MEMBER	MARTHA AMBROSE	P.O. BOX 774	FILER	IDAHO	83328
<b>5. Organized Under the Laws of:</b>  IDAHO W 25874		<b>6.</b> Signature  Date <u>7/30/07</u> Name <small>(Typed or Printed)</small> <u>GEORGE AMBROSE</u> Title <u>MANAGER</u>			

Issued 07/02/2007

Do Not Tape or Staple

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