| No. W 40575 | | Due no later than Jun 30, 2008 | | 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. HANDLMAX, LLC PO BOX 1811 IDAHO FALLS ID 83403 | | LENETTE MAXWELL 2640 LONE PINE IDAHO FALLS ID 83404 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Compar | nies: Enter Nai | mes and Addresses of at | least one Member or Manager. | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| MANAGER | LENETTE MA | AXWELL | 2640 LONE PINE | IDAHO FALLS | ID | USA | 83404 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 40575 | | Signature: Robert Cr | Date: 04/21/2008 | | | | |
| | | Name (type or print) | Title: Attorney | | | | |
| Processed 04/21/2008 * Electronically provided signatures are accepted as original signatures. | | | | | | | |