| No. W 30582 | | 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. M GROUP, L.L.C. ARNE E MICHALSON MD P.O. BOX 3289 | | 9001 N FIELL HAYDEN ID | ARNE E MICHALSON MD 9001 N FIELDSTONE HAYDEN ID 83835 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | HAYDEN ID 83835 mes and Addresses of at least one Member or Manager. | | 3. <u>New</u> Registe | 3. <u>New</u> Registered Agent Signature:* | | | |
| Office Held | Name | mes and Addresses o | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER MANAGER | ARNE E MIC | CHALSON MD MICHALSON MD | P.O. BOX 3289 P.O. BOX 3289 | HAYDEN HAYDEN | ID ID | USA USA | 83835 83835 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 30582 | | Signature: Arne Michalson | | Date | Date: 03/24/2009 | | | |
| | | Name (type or print): Arne Michalson | | Title | Title: Managing Partner | | | |
| Processed 03/24/20 | 09 | * Electronically provi | ded signatures are accepted as origi | nal signatures. | | | · | |