No. **W 20108**	**Due no later than Jul 31, 2009** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** MAYEIGHT, L.L.C. KARLA A BRUCE 1352 ALBACORE KUNA ID 83634	JOHN M BRUCE 1352 ALBACORE KUNA ID 83634 3. New Registered Agent Signature:*

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
MANAGER	JOHN M BRUCE	1352 ALBACORE	KUNA	ID	USA	83634
MANAGER	KARLA A BRUCE	1352 ALBACORE	KUNA	ID	USA	83634

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 20108**	Signature: Karla Bruce	Date: 05/27/2009
	Name (type or print): Karla Bruce	Title: Manager

Processed 05/27/2009

* Electronically provided signatures are accepted as original signatures.