

No. W 14766	Due no later than March 31, 2006 Annual Report Form		2. Registered Agent and Office 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 applicable TRANSMISSION CITY, L.L.C. 240 6TH AVE WEST TWIN FALLS, ID 83301		TOM WOOD 240 6TH AVE WEST TWIN FALLS, ID 83301												
			3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Managing Member</td> <td>Tom Wood</td> <td>240 6th Ave W</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Managing Member	Tom Wood	240 6th Ave W	Twin Falls	ID	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Managing Member	Tom Wood	240 6th Ave W	Twin Falls	ID	83301										
5. Organized Under the Laws of: IDAHO W 14766		6. Signature <u>Tom Wood</u> Date <u>1-18-06</u> Name <small>(Typed or Printed)</small> <u>Tom Wood</u> Title <u>Managing Member</u>													

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Do Not Tape or Staple

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