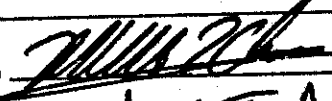


No. <b>W 52985</b>	<b>Due no later than July 31, 2007</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>
Return to: <b>SECRETARY OF STATE</b> <b>450 NORTH FOURTH STREET</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>NO FILING FEE IF</b> <b>RECEIVED BY DUE DATE</b>		1. Mailing Address - Correct in this box, if applicable  <b>ANDERSON T TOOL REPAIR LLC</b> <b>MICHAEL T ANDERSON</b> <b>PO BOX 935</b> <b>MIDDLETON, ID 83644</b>

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	President Michael T Anderson	PO Box 935	Middleton	ID	83644

5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 52985</b>	6. Signature  Date <b>5/15/07</b> Name (Typed or Printed) <b>Michael T Anderson</b> Title <b>Owner/President</b>
---	---