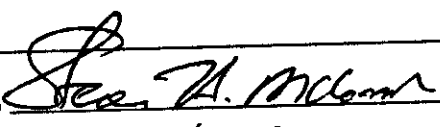


<b>No. W 13537</b>  Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than November 30, 2006 Annual Report Form</b>  <b>1. Mailing Address - Correct in this box, if applicable</b>  CARVE TECH L.L.C. 949 LOWELL DR IDAHO FALLS, ID 83402	<b>2. Registered Agent and Office NO PO BOX</b>  STEVEN H MCCORMICK 949 LOWELL DRIVE IDAHO FALLS, ID 83402  <b>3. New Registered Agent Signature</b>																		
<b>4. Limited Liability Companies: Enter Names and Addresses of Members.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Steven H McCormick</td> <td>949 Lowell Dr</td> <td>T.F.</td> <td>Id.</td> <td>83402</td> </tr> <tr> <td>Member</td> <td>Chrystal F. McCormick</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Member	Steven H McCormick	949 Lowell Dr	T.F.	Id.	83402	Member	Chrystal F. McCormick	" "	" "	" "	" "
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Member	Chrystal F. McCormick	" "	" "	" "	" "															
<b>5. Organized Under the Laws of:</b>  IDAHO W 13537	<b>6.</b> Signature <u></u> Date <u>9-20-06</u> Name (Typed or Printed) <u>STEVEN H. MCCORMICK</u> Title <u>CEO</u>																			

Issued 09/01/2006

**Do Not Tape or Staple**

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