

No. W 52725	Due no later than July 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		MIKE SCHRANK 1894 FRONTAGE ROAD NORTH WENDELL, ID 83355													
	MIKE SCHRANK LLC PO BOX 381 WENDELL, ID 83355				3. <u>New</u> Registered Agent Signature											
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <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>Mike Schrank Pres.</td> <td>Mike Schrank</td> <td>Box 381 1894 Frontage Road North</td> <td>Wendell</td> <td>Id.</td> <td>83355</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>	Mike Schrank Pres.	Mike Schrank	Box 381 1894 Frontage Road North	Wendell	Id.	83355
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Mike Schrank Pres.	Mike Schrank	Box 381 1894 Frontage Road North	Wendell	Id.	83355											
5. Organized Under the Laws of: IDAHO W 52725		6. Signature <u>Mike Schrank</u> Date <u>5/17/07</u> Name (Typed or Printed) <u>Mike Schrank</u> Title <u>Pres</u>														

Issued 05/01/2007

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