

No. W 2677	Due no later than July 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX DON MCFARLAND 139 RIVER VISTA PL TWIN FALLS, ID 83301																			
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 MCREITS, L.L.C. PO BOX 5178 TWIN FALLS, ID 83303		3. <u>New</u> Registered Agent Signature																			
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Member</td> <td>DON McFarland</td> <td>P.O. Box 5178</td> <td>Twin Falls,</td> <td>Id. 83303</td> </tr> <tr> <td></td> <td>member</td> <td>CAROL McFarland</td> <td>P.O. Box 5178</td> <td>Twin Falls</td> <td>Id. 83303</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>		Member	DON McFarland	P.O. Box 5178	Twin Falls,	Id. 83303		member	CAROL McFarland	P.O. Box 5178	Twin Falls	Id. 83303
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5. Organized Under the Laws of: IDAHO W 2677	6. Signature <u>Don McFarland</u> Name (Typed or Printed) <u>DON MCFARLAND</u>		Date <u>5/31/06</u> Title <u>MEMBER</u>																			