

|  |              |  |            |  |                     |
|--|--------------|--|------------|--|---------------------|
| No. <b>W 34607</b>   |              | <b>Due no later than Nov 30, 2006</b>  |            | 2. Registered Agent and Address <b>(NO PO BOX)</b> |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>1. Mailing Address: Correct in this box if needed.</b><br>MAGIC VALLEY TRAFFIC ESCORT, LLC<br>3304 N 3200 E<br>TWIN FALLS ID 83301      |            | JIM SOMMER<br>3304 N 3200 E<br>TWIN FALLS ID 83301 |                     |
|  |              |  |            | 3. <u>New</u> Registered Agent Signature:*         |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |              |  |            |  |                     |
| Office Held  | Name         | Street or PO Address   | City       | State  | Country Postal Code |
| MEMBER   | JIM SOMMER   | 3304 N 3200 E  | TWIN FALLS | ID   | 83301               |
| MEMBER   | DORIS SOMMER | 3304 N 3200 E  | TWIN FALLS | ID   | 83301               |
| 5. Organized Under the Laws of:<br><br><b>IDAHO<br/>W 34607</b>  |              | 6. Annual Report must be signed.*<br>Signature: Jim Sommer<br>Name (type or print): Jim Sommer<br>Date: 12/06/2006<br>Title: Owner/Partner |            |  |                     |
| Processed 12/06/2006   |              | * Electronically provided signatures are accepted as original signatures.  |            |  |                     |