No. W 30946	Due no later than Jun 30, 2005 Annual Report Form 1. Mailing Address - Correct in this box, if applicable MOUNT MCCALEB GOURMET MUSHROOMS LLC LOUIS MANGAN 4138 W 4200 N		2. Registered Agent and Office NO PO BOX LOUIS MANGAN 4138 W 4200 N MACKAY, ID 83251		
Return to: SECRETARY OF STATE					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080					
NO FILING FEE IF RECEIVED BY DUE DATE	MACKAY, ID 83251		3. <u>New</u> Registered Age	ent Signature	
4. Limited Liability Companie	es: Enter Names and Addresses o	of Managers.			
Office held Name	Street or P.O. Address	<u>City</u>	State	Zip	
Managing hours Management of the Management of t	an 4138W 4200 N	Mackey	ID	83251	
Managing Tanner Man Member	gan 4138 W 4200 N	Mackey	ID	83251	
5. Organized Under the Laws of: IDAHO W 30946	6. Signature Name of the formula is a second to the secon	Mangan	Date 7	y 4" 2005 nogingentier	
Issued 04/29/2005 by	SLD Do Not Tape or	Stapie	200506000253		

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