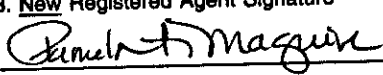


No. J 271 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than November 30, 2006 Annual Report Form 1. Mailing Address - Correct in this box, if applicable MPK A LIMITED LIABILITY PARTNERSHIP MAX S ALBERTSON 350 SPOON DR POCATELLO, ID 83204	2. Registered Agent and Office NO PO BOX MAX S ALBERTSON Pam Maguire 350 SPOON DR 1465 Sunset POCATELLO, ID 83204 3. New Registered Agent Signature 																					
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>member</td> <td>Pam Maguire</td> <td>1465 Sunset Rd</td> <td>Pocatello</td> <td>Id</td> <td>83204</td> </tr> <tr> <td>member</td> <td>Ken Switsher</td> <td>1975 Arlington</td> <td>Pocatello</td> <td>Id</td> <td>83204</td> </tr> </tbody> </table>	Office held	Name	Street or P.O. Address	City	State	Zip	member	Pam Maguire	1465 Sunset Rd	Pocatello	Id	83204	member	Ken Switsher	1975 Arlington	Pocatello	Id	83204					
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5. Organized Under the Laws of: IDAHO J 271	6. Signature  Date <u>10/9/06</u> Name (Typed or Printed) <u>Pamela A. Maguire</u> Title <u>member</u>																						

Issued 09/01/2006

Do Not Tape or Staple

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