| No. W 71342 | | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|------------------------------------|--|---|----------------|--|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | Annual Report Form 1. Mailing Address: Correct in this box if needed. MARYLYNN, LLC MARY CHOWN 1124 FIRST STREET SOUTH NAMPA ID 83651 | 1124 FIRST NAMPA ID | MARY CHOWN 1124 FIRST STREET SOUTH NAMPA ID 83651 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | ames and Addresses of at least one Member or Manager. | | | | | | |
| Office Held Name | Street or PO Address | City | State | Country | Postal Code | | |
| MANAGER LYNN MCC MANAGER MMC CORF | | NAMPA NAMPA | ID ID | USA USA | 83687 83687 | | |
| 5. Organized Under the Laws of: ID W 71342 | 6. Annual Report must be signed.* Signature: Lynn Mcconnell Name (type or print): Lynn Mcconnell | Date: 02/10/2010 Title: Manager | | | | | |
| Processed 02/10/2010 | * Electronically provided signatures are accepted as original signatures. | | | | | | |