

No. **W 55250**

**Due no later than October 31, 2008  
Annual Report Form**

**2. Registered Agent and Office NO PO BOX**

Return to:

**SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080**

**1. Mailing Address - Correct in this box, if applicable**

**MMUSA IDAHO FALLS LLC  
PO BOX 986  
BLACKFOOT, ID 83221**

**NAEEM RAHIM  
444 HOSPITAL WAY STE 607  
POCATELLO, ID 83201**

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

**3. New Registered Agent Signature**

**4. Limited Liability Companies: Enter Names and Addresses of Members.**

Office held

Name

Street or P.O. Address

City

State

Zip

**member** **NAEEM RAHIM** **444 Hospital Way** **POCATELLO** **ID** **83221**  
**STE 607**

**5. Organized Under the Laws of:**

**IDAHO  
W 55250**

**6.**

**Signature**

**Date**

**8/15/08**

**Name** (Typed or Printed)

**NAEEM RAHIM**

**Title**

**MEMBER**