


No. W 56924	Due no later than December 31, 2007 Annual Report Form	2. Registered Agent and Office NO PO BOX JOSHUA W VOLCKO 923 OLIVER RD VICTOR, ID 83455																		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable TETON VALLEY EQUIPMENT RENTAL, LLC JOSHUA W VOLCKO 923 OLIVER RD VICTOR, ID 83455	3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Managing Member</td> <td>Joshua Volcko</td> <td>923 Oliver Rd</td> <td>Victor</td> <td>ID</td> <td>83455</td> </tr> <tr> <td>Member</td> <td>Nate Fernberg</td> <td>923 Oliver Rd</td> <td>Victor</td> <td>ID</td> <td>83455</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Managing Member	Joshua Volcko	923 Oliver Rd	Victor	ID	83455	Member	Nate Fernberg	923 Oliver Rd	Victor	ID	83455
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Managing Member	Joshua Volcko	923 Oliver Rd	Victor	ID	83455															
Member	Nate Fernberg	923 Oliver Rd	Victor	ID	83455															
5. Organized Under the Laws of: IDAHO W 56924	6. Signature <u></u> Date <u>10-17-07</u> Name <small>(Type or Printed)</small> <u>Joshua Volcko</u> Title <u>Managing Member</u>																			

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Do Not Tape or Staple

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