

| | | | | | | | |
|--|------------------------|--|-----------|---|---------|-------------|--|
| No. W 36501 | | Due no later than Feb 29, 2008 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. WET WHEELS LLC. LOWELL J MAGLEBY 48 W BULL PINE RD COOLIN ID 83821-0955 USA | | DR KAY B MAGLEBY 48 W BULL PINE RD COOLIN ID 83821-0955 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | ALICE J PAXTON-MAGLEBY | 227 NOB HILL WAY | LOS GATOS | CA | USA | 95032 | |
| MANAGER | LOWELL J MAGLEBY | 227 NOB HILL WAY | LOS GATOS | CA | USA | 95032 | |
| MANAGER | DAVID K MAGLEBY | 252 GARNER DR. | SUNNYVALE | CA | USA | 94089 | |
| 5. Organized Under the Laws of: ID W 36501 | | 6. Annual Report must be signed.* Signature: Lowell J. Magleby Name (type or print): Lowell J. Magleby | | | | | |
| | | Date: 05/05/2008 Title: Ceo | | | | | |
| Processed 05/05/2008 * Electronically provided signatures are accepted as original signatures. | | | | | | | |