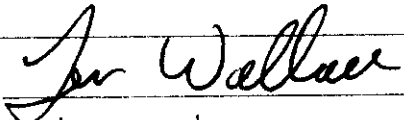


No. W 32517	Due no later than August 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX LEN WALLACE 1504 E PLAZA POST FALLS, ID 83854												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MAGTRAC L.L.C. 1504 E PLAZA POST FALLS, ID 83854		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>LEN WALLACE</td> <td>1504 E. PLAZA DR.</td> <td>POST FALLS.</td> <td>ID</td> <td>83854</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>	MGR	LEN WALLACE	1504 E. PLAZA DR.	POST FALLS.	ID	83854
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
MGR	LEN WALLACE	1504 E. PLAZA DR.	POST FALLS.	ID	83854										
5. Organized Under the Laws of: IDAHO W 32517		6. Signature  Date <u>6-7-05</u> Name (Typed or Printed) <u>LEN WALLACE</u> Title <u>MGR</u>													

Issued 06/01/2005

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