

|  |              |   |            |  |         |             |  |
|--|--------------|---|------------|--|---------|-------------|--|
| No. <b>W 34606</b>   |              | <b>Due no later than Nov 30, 2006</b><br><b>Annual Report Form</b>  |            | 2. Registered Agent and Address ( <b>NO PO BOX</b> ) |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |              | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SOMMER RENTAL, LLC<br>JIM SOMMER<br>3304 N 3200 E<br>TWIN FALLS ID 83301 |            | JIM SOMMER<br>3304 N 3200 E<br>TWIN FALLS ID 83301   |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |              |   |            | 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 |  |
| MEMBER   | JIM SOMMER   | 3304 N 3200 E   | TWIN FALLS | ID   | 83301   |             |  |
| MEMBER   | DORIS SOMMER | 3304 N 3200 E   | TWIN FALLS | ID   | 83301   |             |  |
| 5. Organized Under the Laws of:<br><br><b>IDAHO</b><br><b>W 34606</b>                              |              | 6. Annual Report must be signed.*<br><br>Signature: Jim Sommer<br>Name (type or print): Jim Sommer  |            |  |         |             |  |
|  |              | Date: 12/06/2006<br>Title: Owner/Partner  |            |  |         |             |  |
| Processed 12/06/2006   |              | * Electronically provided signatures are accepted as original signatures.   |            |  |         |             |  |