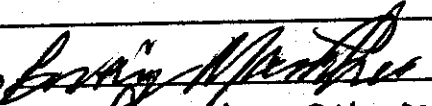


| No. W 41695 | Due no later than August 31, 2007 Annual Report Form | | 2. Registered Agent and Office NO PO BOX | | | | | | | | | | | | | | | | | |
|---|---|------------------------|---|-------------|-------|------------------------|------|-------|-----|---------|---------------|-------------------|-----|----|-------|---------|-----------------|-------------------|-----|----|
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address - Correct in this box, if applicable GUSTIN APT., LLC CRAIG MACPHEE 3965 BOOTHE PARK RD COEUR D ALENE, ID 83814 | | CRAIG MACPHEE 3965 BOOTHE PARK RD COEUR D ALENE, ID 83814 3. New Registered Agent Signature | | | | | | | | | | | | | | | | | |
| | 4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>CRAIG MACPHEE</td> <td>3965 BOOTHE PK RD</td> <td>COA</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>MANAGER</td> <td>DOROTHY MACPHEE</td> <td>3965 BOOTHE PK RD</td> <td>COA</td> <td>ID</td> <td>83814</td> </tr> </tbody> </table> | | | Office held | Name | Street or P.O. Address | City | State | Zip | MANAGER | CRAIG MACPHEE | 3965 BOOTHE PK RD | COA | ID | 83814 | MANAGER | DOROTHY MACPHEE | 3965 BOOTHE PK RD | COA | ID |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | |
| MANAGER | CRAIG MACPHEE | 3965 BOOTHE PK RD | COA | ID | 83814 | | | | | | | | | | | | | | | |
| MANAGER | DOROTHY MACPHEE | 3965 BOOTHE PK RD | COA | ID | 83814 | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 41695 | 6. Signature  Name (Typed or Printed) <u>CRAIG MACPHEE</u> Date <u>June 22 07</u> Title <u>MANAGER</u> | | | | | | | | | | | | | | | | | | | |

Issued 06/01/2007

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