

|                                                                                                                                                        |                  |                                                                                                                                                                                              |           |                                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 84342</b>                                                                                                                                     |                  | <b>Due no later than Jun 30, 2010</b>                                                                                                                                                        |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>                 |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>M & K EQUIPMENT, LLC<br>MAURICE L GRIGGS<br>4864 UPPER PACK RIVER RD<br>SANDPOINT ID 83864 |           | MAURICE L GRIGGS<br>4864 UPPER PACK RIVER RD<br>SANDPOINT ID 83864 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                                              |           | 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                                                                                                                                                 | KAREN G GRIGGS   | 4864 UPPER PACK RIVER ROAD                                                                                                                                                                   | SANDPOINT | ID                                                                 | USA     | 83864       |  |
| MANAGER                                                                                                                                                | MAURICE L GRIGGS | 8464 UPPER PACK RIVER ROAD                                                                                                                                                                   | SANDPOINT | ID                                                                 | USA     | 83864       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 84342</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Maurice L. Griggs<br>Name (type or print): Maurice L. Griggs                                                                                 |           |                                                                    |         |             |  |
| Date: 04/10/2010<br>Title: Manager                                                                                                                     |                  |                                                                                                                                                                                              |           |                                                                    |         |             |  |
| Processed 04/10/2010                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                                    |           |                                                                    |         |             |  |