

No. W 48835		Due no later than Mar 31, 2007		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		KENNETH C HOFFMANN 352 ROSEWOOD DR REXBURG ID 83440	
		1. Mailing Address: Correct in this box if needed.		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	KENNETH C HOFFMANN	352 ROSEWOOD DR	REXBURG	ID	83440
MANAGER	SCOTT T HOFFMANN	635 E PAGES LANE	CENTERVILLE	UT	84014
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
IDAHO W 48835		Signature: Laurel Hoffmann		Date: 01/08/2007	
		Name (type or print): Laurel Hoffmann		Title: Member	
Processed 01/08/2007		* Electronically provided signatures are accepted as original signatures.			