

No. W 5127

Due no later than December 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

1. Mailing Address - Correct in this box, if applicable

BE & GE KATZ LIMITED LIABILITY COMP
1733 MAPLEWOOD DR
TWIN FALLS, ID 83301

BEN E KATZ
1733 MAPLEWOOD DR
TWIN FALLS, ID 83301

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Ben E Katz	1733 Maplewood Drive	Twin Falls	Idaho	83301

5. Organized Under the Laws of:
IDAHO
W 5127

6.

Signature

BEN E KATZ MD

Date

10/10/07

Name (Typed or Printed)

BEN E KATZ MD

Title

Manager

Issued 10/01/2007

Do Not Tape or Staple

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