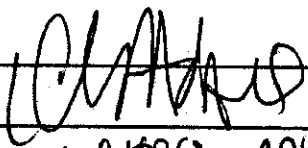


No. W 52617	Due no later than July 31, 2007	2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form 1. Mailing Address - Correct in this box, if applicable ZIAL TELECOM, LLC. 5300 W BOONE CT BOISE, ID 83705	ROGER HALES 610 W BANNOCK ST STE 610 BOISE, ID 83702												
	3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>CHRIS ADAMS</td> <td>PO BOX 6529</td> <td>BOISE</td> <td>SD</td> <td>83707</td> </tr> </tbody> </table>	<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		CHRIS ADAMS	PO BOX 6529	BOISE	SD	83707		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
	CHRIS ADAMS	PO BOX 6529	BOISE	SD	83707									
5. Organized Under the Laws of: IDAHO W 52617	6. Signature  Name (Typed or Printed) <u>CHRIS ADAMS</u> Date <u>5.14.07</u> Title <u>President</u>													

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