

No. W 82	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct MAGLEBY ENTERPRIZES L.L.C. JOHN MAGLEBY 2015 HENRYANNA IDAHO FALLS ID 83404		JOHN MAGLEBY 556 E 100 2015 HENRYANNA REXBURG ID 83448 IDAHO FALLS ID 83404 3. Organized Under the Laws of: ID W 82												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <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>John N. Magleby</td> <td>2015 Henryanna</td> <td>I.F.</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	John N. Magleby	2015 Henryanna	I.F.	ID	83404
Office held	Name	Street or P.O. Address	City	State	Zip										
MANAGER	John N. Magleby	2015 Henryanna	I.F.	ID	83404										
5. Signature of New Registered Agent		6. <table> <tr> <td>Signature</td> <td><i>John Magleby</i></td> <td>Date</td> <td>8-5-99</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>John N. Magleby</td> <td>Title</td> <td>MANAGER</td> </tr> </table>		Signature	<i>John Magleby</i>	Date	8-5-99	Name (Typed or Printed)	John N. Magleby	Title	MANAGER				
Signature	<i>John Magleby</i>	Date	8-5-99												
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ISSUED: 07-03-1999

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