

<p>No. W 45814</p> <p>Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>NO FILING FEE IF RECEIVED BY DUE DATE</p>		<p>Due no later than December 31, 2007</p> <p>Annual Report Form</p> <p>1. Mailing Address - Correct in this box, if applicable</p> <p>RASMA, LLC GREGORY T RASMUSSEN 1615 SOUTH MIDWAY AVE AMMON, ID 83406 USA</p>		<p>2. Registered Agent and Office NO PO BOX</p> <p>GREG RASMUSSEN 5933 PHEASANT DR AMMON, ID 83406</p>													
<p>3. <u>New Registered Agent Signature</u></p>																	
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers.</p> <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>GREGORY T RASMUSSEN</td> <td>1615 S. Midway Ave</td> <td>AMMON</td> <td>ID</td> <td>83406</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>	President	GREGORY T RASMUSSEN	1615 S. Midway Ave	AMMON	ID	83406
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>												
President	GREGORY T RASMUSSEN	1615 S. Midway Ave	AMMON	ID	83406												
<p>5. Organized Under the Laws of:</p> <p>IDAHO W 45814</p>		<p>6. <u>Signature</u></p> <p><u>Gregory T. Rasmussen</u> <u>President</u></p> <p>Name <small>(Typed or Printed)</small></p> <p>Date 10-9-07</p>															
<p>200712009339</p>																	