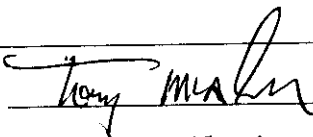


No. W 40585	Due no later than June 30, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX TORRY MCALVAIN 5559 WEST GOWEN RD BOISE, ID 83709												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable KTMAC/SWS, LLC 5559 WEST GOWEN RD BOISE, ID 83709		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Office held</u></td> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>Street or P.O. Address</u></td> <td style="text-align: center;"><u>City</u></td> <td style="text-align: center;"><u>State</u></td> <td style="text-align: center;"><u>Zip</u></td> </tr> <tr> <td></td> <td></td> <td colspan="4" style="text-align: center; padding-top: 20px;"> TORRY MCALVAIN 5559 W GOWEN Rd Boise ID 83709 </td> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>			TORRY MCALVAIN 5559 W GOWEN Rd Boise ID 83709			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
		TORRY MCALVAIN 5559 W GOWEN Rd Boise ID 83709													
5. Organized Under the Laws of: IDAHO W 40585		6. Signature  Date <u>4-19-06</u> Name <small>(Typed or Printed)</small> <u>Torry McAlvain</u> Title <u>President</u>													

Issued 04/03/2006

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