

No. C 152619

Due no later than January 31, 2008

Annual Report Form

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

MAC'S CUSTOM TIE DOWNS LIMITED  
COLIN D MCLEMORE  
PO BOX 1140  
SAGLE, ID 83860

2. Registered Agent and Office NO PO BOX

COLIN D MCLEMORE  
469059 HWY 95 SOUTH  
SAGLE, ID 83860

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES.	COLIN MCLEMORE	PO BOX 1140	Sagle	ID	83860.

5. Organized Under the Laws of:  
WASHINGTON  
C 152619

6.

Signature

Date

11/9/07

Name

(Typed or  
Printed)

AMIT TRIVEDI

Title

Manager

Issued 11/01/2007

Do Not Tape or Staple

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