

No. W 18386		Due no later than Mar 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		LYNN S MCMASTER 3145 N 3500 E KIMBERLY ID 83341			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		MCMASTER EQUIPMENT, LLC LYNN S MCMASTER 3145 N 3500 E KIMBERLY ID 83341					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	KATHY A MCMASTER	3145 N 3500 E	KIMBERLY	ID	USA	83341	
MEMBER	LYNN S MCMASTER	3145 N 3500 E	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 18386		Signature: Lynn S McMaster				Date: 01/17/2009	
		Name (type or print): Lynn S McMaster				Title: Member	
Processed 01/17/2009		* Electronically provided signatures are accepted as original signatures.					