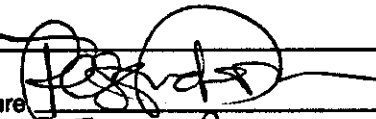


No. W 58689	Due no later than January 31, 2009 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MTB ENTERPRISES LLC PO BOX 1821 IDAHO FALLS, ID 83401		TRESA A ANDERSON 2142 MEPPEN DR IDAHO FALLS, ID 83401 3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
Partner	Miles Anderson	130 Clubhouse Cir #201	Idaho Falls	ID	83401
Partner	Tresa Anderson	130 Clubhouse Cir #201	Idaho Falls	ID	83401

5. Organized Under the Laws of: IDAHO W 58689	6.  Signature _____ Date <u>11/17/08</u> Name (Typed or Printed) <u>Tresa Anderson</u> Title <u>Partner</u>
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