2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # M06000002970

1. Entity Name **EXT LEASE OWNER LLC**



Principal Place of Business

250 PARKCENTER BLVD. BOISE, ID 83726

CITY-ST-ZIP

Mailing Address

250 PARKCENTER BLVD. P.O. BOX 20 BOISE, ID 83726





01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable
5. Certificate of Status Desired	□ <u>\$</u> !	5.00 Additional

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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	named entity submits this statement for the purpose of chan lions of registered agent.	rging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accep	ıt
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when rainstating) DATE	
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EXTREME, INC. 250 PARKCENTER BLVD. BOISE, ID 83726	01/29/08-01/08-025***138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
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TITLE NAME STREET ÄDDRESS			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE

Daytime Phone #