2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M06000002972

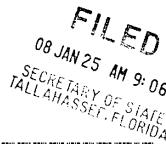
1. Entity Name EXT OWNER LLC



Principal Place of Business

250 PARKCENTER BLVD. Boise, id 83726 Mailing Address

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





01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	 Applied For
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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	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc	Pen reinstating) DATE
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating) DATE	
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EXTREME, INC. 250 PARKCENTER BLVD. BOISE, ID 83726	800116363648 01/29/0801036023 **138,75	
TITLE NAME STREET ADDRESS		/ 01/29/0801036023 **138.75	

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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 occurate empowered to execute this report as required by Chapter 608, Florida Statutes.

CIC	NIAT	URE:
SIG	IAN	UNE:

CITY-ST-ZIP

CITY+ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JRE: PAUL G. ROWAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGENCY MEMBER, OR AUTHORIZED REPRESENTATIVE

01-18-07

Daytime Phone #