



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>118762</b>		2. Exact name of the limited liability company <b>MPC Computers, LLC.</b>			
3. State of Formation <b>DELAWARE</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>COMPUTER HARDWARE MANUFACTURER AND SALES</b>			
5. Principal office address <b>906 E Karcher Road</b>		City <b>Nampa</b>	State <b>ID</b>	Zip <b>83687</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Stacey Schossow</b>			Contact Title <b>Tax Supervisor</b>		
Street Address <b>906 E Karcher Road</b>		City <b>Nampa</b>	State <b>ID</b>	Zip <b>83687</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>CORPORATION SERVICE COMPANY</b>			Address		
Address <b>222 JEFFERSON BOULEVARD, SUITE 200</b>			City <b>WARWICK</b>	Zip <b>02888-</b>	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**FILED**

File Date **OCT 01 2007**  
 Check No. **213510**  
 By: **[Signature]**  
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**[Signature]** 9/24/07  
 Signature of Authorized Person Date  
**Curtis Akey** Treasurer of GTG PC Holdings, LLC  
 Print or Type Name of Authorized Person member