



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 2008

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. 272556		2. Exact name of the limited liability company MORROW EQUIPMENT COMPANY, L.L.C.			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island LEASE/SERVICE/SALE TOWER CRANES AND PERSONNEL HOISTS			
5. Principal office address 3218 PRINGLE ROAD S.E.		City SALEM	State OREGON	Zip 97302	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name CHRISTIAN CHALUPNY			Contact Title PRESIDENT		
Street Address P. O. BOX 3306		City SALEM	State OREGON	Zip 97302	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name JOHN A. MORROW			Manager Name CHRISTIAN CHALUPNY		
Street Address 3218 PRINGLE ROAD S.E.		Street Address 3218 PRINGLE ROAD S.E.			
City SALEM	State OREGON	Zip 97302	City SALEM	State OREGON	Zip 97302
Manager Name RICHARD E. MORROW			Manager Name		
Street Address 3218 PRINGLE ROAD S.E.		Street Address			
City SALEM	State OREGON	Zip 97302	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 NATIONAL REGISTERED AGENTS, INC.			Address		
Address 222 JEFFERSON BLVD., SUITE 200		City WARWICK	Zip 02888		

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

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.

Christian Chalupny 8-7-08
Signature of Authorized Person Date

CHRISTIAN CHALUPNY, MGR/PRESIDENT

Print or Type Name of Authorized Person

File Date	9-2-08
Check No.	159182
By	<i>MRC</i>
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