No. W 15990		Due no later than Jul 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		KENNETH J POSTMA			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. CABIN CREEK ENTERPRISES, LLC STEPHANIE L JOHNSON PO BOX 1000 CASCADE ID 83611 USA		27 RIDGE RD CASCADE ID 83611			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	STEPHANIE						
	CASCADE II			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	1						
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held Nam	e	Street or PO Address	City	State	Country	Postal Code	
	IETH J POSTMA	PO BOX 522	CASCADE	ID		83611	
MEMBER STER	PHANIE L JOHNSON	PO BOX 776	DONNELLEY	ID		83615	
5. Organized Under the Laws of	: 6. Annual Repo	6. Annual Report must be signed.*					
ID	Signature: k	Signature: Ken Postma		Date: 05/19/2015			
W 15990	Name (type	Name (type or print): Ken Postma		Title: member			
Processed 05/19/2015	* Electronically	* Electronically provided signatures are accepted as original signatures.					