

|  |                           |  |  |   |             |                |                      |
|--|---------------------------|--|--|---|-------------|----------------|----------------------|
| No. <b>W 4994</b>  |                           | <b>Due no later than Nov 30, 2015</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )  |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                           | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>CDT II ENTERPRISES, LLC<br>S CARL NICOLAYSEN<br>PO BOX 607<br>MERIDIAN ID 83680 |  | S CARL NICOLAYSEN<br>455 W AMITY<br>MERIDIAN ID 83642 |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                           |  |  | 3. <u>New</u> Registered Agent Signature:*            |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |                           |  |  |   |             |                |                      |
| Office Held<br>MANAGER   | Name<br>S CARL NICOLAYSEN | Street or PO Address<br>P O BOX 607  |  | City<br>MERIDIAN                                      | State<br>ID | Country<br>USA | Postal Code<br>83680 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 4994</b>                                  |                           | 6. Annual Report must be signed.*<br><br>Signature: S Carl Nicolaysen<br>Name (type or print): S Carl Nicolaysen                                 |  |   |             |                |                      |
| Processed 09/17/2015 * Electronically provided signatures are accepted as original signatures.     |                           |  |  |   |             |                |                      |