

No. <b>W 71943</b>	<b>Due no later than Mar 31, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		SHAWN MILLER 32 RIVERBLUFF LN HORSESHOE BEND ID 83629			
	CASCADE REFRIGERATION LLC SHAWN MILLER 32 RIVERBLUFF LN HORSESHOE BEND ID 83629 USA		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	SHAWN MILLER	32 RIVERBLUFF LN	HORSESHOE BEND	ID	USA	83629
5. Organized Under the Laws of:  <b>ID W 71943</b>		6. Annual Report must be signed.* Signature: Shawn Miller Name (type or print): Shawn Miller  Date: 01/12/2009 Title: Member				
Processed 01/12/2009		* Electronically provided signatures are accepted as original signatures.				