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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 62524</b>                                                                                                                                     |               | Due no later than May 31, 2014                                                                                                                                                                    |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CEDAR CREEK, LLC<br>GARY W FERGUSON<br>PO BOX 304<br>1385 CEDAR RIDGE ROAD<br>KENDRICK ID 83537 |          | GARY FERGUSON<br>1385 CEDAR RIDGE RD<br>KENDRICK ID 83537 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                                                   |          | 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                                                                                                                                                | GARY FERGUSON | PO BOX 304                                                                                                                                                                                        | KENDRICK | ID                                                        | USA     | 83537       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 62524</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Gary W. Ferguson<br>Name (type or print): Gary W. Ferguson<br>Date: 04/02/2014<br>Title: Ceo                                                      |          |                                                           |         |             |  |
| Processed 04/02/2014                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                                         |          |                                                           |         |             |  |