

|   |                   |  |               |  |         |             |  |
|---|-------------------|--|---------------|--|---------|-------------|--|
| No. <b>W 70349</b>  |                   | <b>Due no later than Jan 31, 2012</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>OPEN CDA L.L.C.<br>WILLIAM L MCCRORY<br>212 IRONWOOD DR STE D<br>PMB 107<br>COEUR D ALENE ID 83814-1408 |               | WILLIAM L MCCRORY<br>6065 N HARCOURT DR<br>COEUR D'ALENE ID 83815-8473 |         |             |  |
| <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   | Name              | Street or PO Address   | City          | State  | Country | Postal Code |  |
| MEMBER  | MARY WELLER SOUZA | 4153 W FAIRWAY DR  | COEUR D'ALENE | ID   | USA     | 83815       |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 70349</b>                                  |                   | 6. Annual Report must be signed.*<br><br>Signature: William L. McCrory<br>Name (type or print): William L. McCrory   |               |  |         |             |  |
|   |                   | Date: 11/16/2011<br>Title: Registered Agent  |               |  |         |             |  |
| Processed 11/16/2011      * Electronically provided signatures are accepted as original signatures. |                   |  |               |  |         |             |  |