No. <b>W 7003</b>	Due no later than Sep 30, 2008		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		FRANKLIN TIMOTHY HICKENLOOPER		₹	
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed	6149 N MEEKER PL #150 BOISE ID 83713				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CASCADE TECHNOLOGY GROUP, L.L.C. TIM HICKENLOOPER 1486 W OAKHAMPTON DR					
	EAGLE ID 83616		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
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 FRANKLIN T	TIMOTHY HICKENLOOPER 1486 W OAKHAMPTON DR		EAGLE	ID	USA	83616
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Tim Hickenlooper		Date: 08/25/2008			
W 7003	Name (type or print): Tim Hickenlooper		Title: Manager			
Processed 08/25/2008	* Electronically provided signatures are accepted as original signatures.					