

No. C114664	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		CAROL C MOORE 2819 LESLIE DR MERIDIAN ID 83642																		
	CASCADE PROFESSIONAL GROUP I CAROL C MOORE 2819 LESLIE DR MERIDIAN ID 83642		3. Organized Under the Laws of: ID C114664																		
	4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																				
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> <tr> <td>PRESIDENT</td> <td>CAROL C. MOORE</td> <td>2819 LESLIE DR.</td> <td>MERIDIAN</td> <td>ID</td> <td>83642</td> </tr> <tr> <td>SECRETARY</td> <td>THOMAS L. MOORE</td> <td>2819 LESLIE DR.</td> <td>MERIDIAN</td> <td>ID</td> <td>83642</td> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	CAROL C. MOORE	2819 LESLIE DR.	MERIDIAN	ID	83642	SECRETARY	THOMAS L. MOORE	2819 LESLIE DR.	MERIDIAN	ID	83642
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5. Signature of New Registered Agent		6. <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Signature <u>CAROL C. MOORE</u></td> <td style="width: 40%;">Date <u>10/27/99</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>PRESIDENT CAROL C. MOORE</u></td> <td></td> </tr> </table>		Signature <u>CAROL C. MOORE</u>	Date <u>10/27/99</u>	Name (Typed or Printed) <u>PRESIDENT CAROL C. MOORE</u>															
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ISSUED: 07-03-1999

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