No. W 52241		Due	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. CEDAR PARK PROFESSIONAL CENTER, LLC KATHY J MCCONNELL 739 LOWER PACK RIVER RD SANDPOINT ID 83864 USA		1224 WASHIN	KATHY J MCCONNELL 1224 WASHINGTON ST SANDPOINT ID 83864 3. New Registered Agent Signature:*			
				3. <u>New</u> Register				
20000 000 00		mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER KATHY J MCCONNELL MEMBER TIMOTHY H MCCONNELL			739 LOWER PACK RIVER RD 739 LOWER PACK RIVER RD	SANDPOINT SANDPOINT	ID ID	USA USA	83864 83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 52241		Signature: Kathy McConnell			Date: 06/13/2012			
		Name (type or p		Title: Member				
Processed 06/13/2012		* Electronically pro	vided signatures are accepted as original	signatures.				