

No. W 28939	Due no later than Mar 31, 2015 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		DOLFRED CONE 1007 BEAR CREEK PRINCETON 83857			
	CFP, LLC DUANE CONE, CPA 12830 E MIRABEAU PKWY B-1 SPOKANE VALLEY WA 99216		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	DOLFRED CONE	1007 BEAR CREEK	PRINCETON	ID		83857
MEMBER	JOHN E CONE	409 RUBY COURT	ROSEVILLE	CA		95678
MEMBER	CHARLES R CONE	1509 RIDGEVIEW DR	CHENEY	WA		99004
MEMBER	MICHAEL D CONE	813 S LIBERTY DR	LIBERTY LAKE	WA		99019
5. Organized Under the Laws of: ID W 28939		6. Annual Report must be signed.* Signature: Michael D Cone Name (type or print): Michael D Cone Date: 01/20/2015 Title: Member				
Processed 01/20/2015		* Electronically provided signatures are accepted as original signatures.				