

No. W 70319		Due no later than Jan 31, 2011		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. CREI MANAGER LLC BART COCHRAN 1300 E STATE ST EAGLE ID 83616		BART COCHRAN 1300 E STATE ST EAGLE ID 83616			
				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	BART COCHRAN	1300 E STATE ST	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 70319		Signature: Lori K Fischer				Date: 12/08/2010	
		Name (type or print): Lori K Fischer				Title: Controller	
Processed 12/08/2010		* Electronically provided signatures are accepted as original signatures.					