

No. W 70319		Due no later than Jan 31, 2011 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		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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name BART COCHRAN	Street or PO Address 1300 E STATE ST		City EAGLE	State ID	Country USA	Postal Code 83616
5. Organized Under the Laws of: ID W 70319		6. Annual Report must be signed.* Signature: Lori K Fischer Name (type or print): Lori K Fischer Date: 12/08/2010 Title: Controller					
Processed 12/08/2010 * Electronically provided signatures are accepted as original signatures.							