No. **W 69738**	**Due no later than Dec 31, 2008** **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.** CBM2 ENTERPRISES LLC CHRISTOPHER MORRIS 10087 STRAHORN RD HAYDEN ID 83835	CHRISTOPHER MORRIS 10087 STRAHORN RD HAYDEN ID 83835 3. New 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
MANAGER	CHRISTOPHER MORRIS	10087 STRAHORN RD	HAYDEN	ID	USA	83835

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 69738**	Signature: Christopher Morris	Date: 01/06/2009
	Name (type or print): Christopher Morris	Title: Manager

Processed 01/06/2009

* Electronically provided signatures are accepted as original signatures.