No. W 49105		D	ue no later than Mar 31, 2008	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. CASCADE CARE WASH, LLC ROGER D MADISON 5112 N MORNINGGALE BOISE ID 83713		5112 N MOF BOISE ID	ROGER D MADISON 5112 N MORNINGGALE BOISE ID 83713 3. New Registered Agent Signature:*			
NO FILING F RECEIVED BY D	UE DATE	mas and Address	ros of at least one Member or Manager					
Office Held Name		mes and Address	ses of at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER MEMBER	MEMBER ROGER D MADISON MEMBER BOB O'NEIL		5112 N. MORNINGGALE 476 ELLIS LN 476 ELLIS LN	BOISE MCCALL MCCALL	ID ID ID	USA USA USA	83713 83638 83638	
5. Organized Under the Laws of: ID W 49105		6. Annual Report must be signed.* Signature: Roger Madison Name (type or print): Roger Madison			Date: 04/12/2008 Title: Owner			
Processed 04/12/2008		* Electronically	provided signatures are accepted as original	signatures.				