| 200400000 00000000000000000000000000000  |   | ter than Mar 31, 2016  | 2. Registered Agent and Address (NO PO BOX) |  |   |             |             |
|--|---|--|---|--|---|-------------|-------------|
| Return to:   | Ann   |  | ıal Report Form                             | ALL DAY \$49 IDAHO REGISTERED A                        |   |             |             |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |   | 1. Mailing Address: Correct in this box if needed.  CAB NORTHWEST MANAGEMENT, INC.  C/O ALL DAY \$49 IDAHO REGISTERED AGENT LLC  1900 NW BLVD STE 106A  COEUR D ALENE ID 83814 |   | 1900 NORTHWEST BLVD STE 106A<br>COEUR D ALENE ID 83814 |   |             |             |
|  |   |  |   |  |   |             |             |
|  |   |  |   | NO FILING FEE IF<br>RECEIVED BY DUE DATE               |   |             |             |
| 4. Corporations: Enter Names an  | d Busin   |  |   | ess Addresses of Preside                               | nt, Secretary, and Directors. Treasurer | (optional). |             |
| Office Held Name   | ;   |  | Street or PO Address                        | City   | State                                   | Country     | Postal Code |
| DIRECTOR CHAI  | CHAD A BOWERS   |  | 1900 NORTHWEST BLVD STE 106A                | COEUR D ALENE  | ID                                      | USA         | 83814       |
|  | CHAD A BOWERS   |  | 1900 NORTHWEST BLVD STE 106A                | COEUR D ALENE  | ID                                      | USA         | 83814       |
| PRESIDENT CHAD A BOWERS  |   | WERS   | 1900 NORTHWEST BLVD STE 106A                | COEUR D ALENE  | ID                                      | USA         | 83814       |
| 5. Organized Under the Laws of: 6. An  |   | 5. Annual Report must be signed.*  |   |  |   |             |             |
| ID<br>C 201360   |   | Signature: Jody Tierra   |   | Date: 06/01/2016                                       |   |             |             |
|  |   | Name (type or print): Jody Tierra  |   | Title: Authorized Person                               |   |             |             |
| Processed 06/01/2016   | * Electronically provided signatures are accepted as original signatures. |  |   |  |   |             |             |