

No. W 11119	Due no later than Feb 28, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX DAVID L RASMUSSEN 4400 S 1500 W REXBURG, ID 83440													
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 applicable CEDAR POINT, LLC DAVID L RASMUSSEN 4400 S 1500 W REXBURG, ID 83440		3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager Manager</td> <td>David L Rasmussen</td> <td>4400 S. 1500 W.</td> <td>Rexburg</td> <td>Id.</td> <td>83440</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Manager Manager	David L Rasmussen	4400 S. 1500 W.	Rexburg	Id.	83440
Office held	Name	Street or P.O. Address	City	State	Zip											
Manager Manager	David L Rasmussen	4400 S. 1500 W.	Rexburg	Id.	83440											
5. Organized Under the Laws of: IDAHO W 11119		6. <table border="1"> <tr> <td>Signature</td> <td>David L. Rasmussen</td> <td>Date</td> <td>3/28/01</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>DAVID L. RASMUSSEN</td> <td>Title:</td> <td>Manager</td> </tr> </table>			Signature	David L. Rasmussen	Date	3/28/01	Name (Typed or Printed)	DAVID L. RASMUSSEN	Title:	Manager				
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Name (Typed or Printed)	DAVID L. RASMUSSEN	Title:	Manager													