No. W 72936 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Mar 31, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. CEDAR MOUNTAIN INSURANCE, L.L.C. AMANDA L RODRIGUEZ PO BOX 622 ATHOL ID 83801 USA Times and Addresses of at least one Member or Manager.		2. Registered	2. Registered Agent and Address (NO PO BOX) AMANDA L RODRIGUEZ 30665 HWY 95 ATHOL ID 83801 3. New Registered Agent Signature:*			
				30665 HWY				
				3. <u>New</u> Registe				
Office Held	Name	iries and Addresses	Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	MBER AMANDA L RODRIGUEZ		PO BOX 622 PO BOX 622	ATHOL ATHOL	ID ID	USA USA	83801 83801	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 72936		Signature: Amanda Rodriguez			Date: 02/02/2010			
		Name (type or print): Amanda Rodriguez			Title: Officer			
Processed 02/02/20)10	* Electronically pro	ovided signatures are accepted as origi	nal signatures.				