

No. W 37191		Due no later than Mar 31, 2015 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		1. Mailing Address: Correct in this box if needed. CABIN CREEK, LLC CHAD MOFFAT 900 W BOEING ST BOISE ID 83705		CHAD MOFFAT 900 W BOEING ST BOISE 83705			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> 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	CHAD MOFFAT	702 W. BEACON LIGHT	EAGLE	ID	83616		
MANAGER	KATHY MOFFAT	6336 N CHARLESTON PLACE	BOISE	ID	USA	83703	
5. Organized Under the Laws of: ID W 37191		6. Annual Report must be signed.* Signature: Chad Moffat Name (type or print): Chad Moffat					
		Date: 01/22/2015 Title: Owner					
Processed 01/22/2015		* Electronically provided signatures are accepted as original signatures.					