

No. W 71943	Reinstatement Annual Report Form ADMIN DISSOLVED 06/14/2011		2. Registered Agent and Office (NOT A P.O. BOX) SHAWN MILLER 32 RIVERBLUFF LN HORSESHOE BEND ID 83629	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CASCADE REFRIGERATION LLC SHAWN MILLER 32 RIVERBLUFF LN HORSESHOE BEND ID 83629 USA		3. <u>New</u> Registered Agent Signature.	

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
<input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member (circle one)	Shawn Miller	32 Riverbluff Ln	Horseshoe Bend	ID	USA	83629

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 71943</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: <u>Shawn Miller</u></td> <td style="width: 30%;">Date: <u>7-20-11</u></td> </tr> <tr> <td>Name (type or print): <u>Shawn Miller</u></td> <td>Title: <u>owner</u></td> </tr> </table>	Signature: <u>Shawn Miller</u>	Date: <u>7-20-11</u>	Name (type or print): <u>Shawn Miller</u>	Title: <u>owner</u>
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