| No. W 12889 Return to: | | | Due no later than Sep 30, 2005 Annual Report Form 1. Mailing Address: Correct in this box if needed. CDC BOISE, LLC PO BOX 3487 LACEY WA 98509 0000 | | 2. Registered Agent and Address (NO PO BOX) CT CORPORATION SYSTEM 300 N 6TH ST BOISE ID 83701 0000 3. New Registered Agent Signature:* | | | |
|--|--------------|--------------------------|---|----------------------|--|------------|-------------|--|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | CDC BOISE, PO BOX 348 | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Regist | ered Agent S | ignature:* | | |
| 4. Limited Liability Compa | anies: Enter | Names and Addres | ses of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | ROBERT | L BLUME | PO BOX 3487 | LACEY | WA | | 98509 | |
| 5. Organized Under the Laws of: | | 6. Annual Rep | 6. Annual Report must be signed.* | | | | | |
| WASHINGTON W 12889 | | Signature: (| G Melvin Hastings | | Date: 08/18/2005 | | | |
| | | Name (type | or print): G Melvin Hastings | | Title: Treasurer | | | |
| Processed 08/18/2005 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |