No. <b>W 138957</b>		Due no later than Jun 30, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  CAB ENTERPRISES, LLC HAYES MANAGEMENT SERVICES 890 OXFORD DR IDAHO FALLS ID 83401  mes and Addresses of at least one Member or Manager.		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE				890 OXFORD	CHRIS S HAYES 890 OXFORD DR IDAHO FALLS ID 83401			
				3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	nes and Address	Street or PO Address	City	State	Country	Postal Code	
MEMBER	ANDREA BURNELL CHAD BURNELL		475 AMY LANE 475 AMY LANE	IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83406 83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: C		Date: 04/27/2016				
W 138957		Name (type	or print): Chad Burnell		Title: Member			
Processed 04/27/2016 * Electronically provided signatures are accepted as original signatures.								