No. **W 52241**	**Due no later than Jun 30, 2017**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** CEDAR PARK PROFESSIONAL CENTER, LLC C/O WILLIAMS & PARSONS PC 708 SUPERIOR ST SANDPOINT ID 83864	KATHY J MCCONNELL 1224 WASHINGTON ST SANDPOINT ID 83864 3. New 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
MEMBER	KATHY J MCCONNELL	739 LOWER PACK RIVER RD	SANDPOINT	ID		83864
MEMBER	TIMOTHY H MCCONNELL	739 LOWER PACK RIVER RD	SANDPOINT	ID		83864

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Kathy McConnell	Date: 05/11/2017
W 52241	Name (type or print): Kathy McConnell	Title: Member

Processed 05/11/2017

* Electronically provided signatures are accepted as original signatures.