No. W 56274 Return to:		Due no later than Nov 30, 2015 Annual Report Form			Registered Agent and Address (NO PO BOX) KIMBERLY MANNING			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CMK ONE, LLC CHARLES MANNING 116 N SECOND AVE SANDPOINT ID 83864		SANDPOINT	116 N SECOND AVE SANDPOINT ID 83864 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Nar	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER	CHARLES MANNING KIMBERLY K MANNING		116 N SECOND AVE 116 N SECOND AVE	SANDPOINT SANDPOINT	ID ID	USA	83864 83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 56274		Signature: Charles Manning		Date	Date: 11/22/2015			
		Name (type o	r print): Charles Manning	Title	Title: Managing Member			
Processed 11/22/2015	* Electronically provided signatures are accepted as original signatures.							