

No. W 70319	Due no later than Jan 31, 2009 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. CREI MANAGER LLC BART COCHRAN 1300 E STATE ST EAGLE ID 83616		BART COCHRAN 1300 E STATE ST EAGLE ID 83616			
			3. <u>New</u> 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	BART COCHRAN	1300 E STATE ST	EAGLE	ID	USA	83616
MEMBER	DON STEEVES	1300 E STATE ST	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 70319	6. Annual Report must be signed.* Signature: Lori Fischer Name (type or print): Lori Fischer		Date: 11/13/2008 Title: Controller			
Processed 11/13/2008		* Electronically provided signatures are accepted as original signatures.				