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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------|---------------------|
| No. <b>W 40853</b>                                                                                                                                     |                | <b>Due no later than Jul 31, 2015</b>                                                                                                                                          |               | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CB, L.L.C.<br>CHERYL A BOWER<br>3606 W LOXTON LOOP<br>COEUR D ALENE ID 83815 |               | CLINT W BOWER<br>3606 W LOXTON LOOP<br>COEUR D'ALENE ID 83815 |                     |
|                                                                                                                                                        |                |                                                                                                                                                                                |               | 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 |
| MANAGER                                                                                                                                                | CLINT W BOWER  | 3606 W LOXTON LOOP                                                                                                                                                             | COEUR D'ALENE | ID                                                            | 83815               |
| MANAGER                                                                                                                                                | CHERYL W BOWER | 3606 W LOXTON LOOP                                                                                                                                                             | COEUR D'ALENE | ID                                                            | 83815               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 40853</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: CHERYL A BOWER<br>Name (type or print): CHERYL A BOWER<br>Date: 06/22/2015<br>Title: Member                                    |               |                                                               |                     |
| Processed 06/22/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                      |               |                                                               |                     |