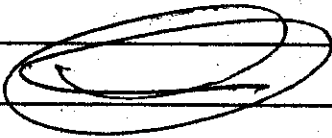


No. W 19716	Due no later than June 30, 2008		2. Registered Agent and Office NO PO BOX																			
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form 1. Mailing Address - Correct in this box, if applicable		CHRIS MICKELSON 2468 N OVERVIEW PL BOISE, ID 83702																			
	CVM LLC 2468 N OVERVIEW PL BOISE, ID 83702		3. New Registered Agent Signature																			
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>owner</td> <td>Chris</td> <td>2468 N. Overview Pl</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> <tr> <td>member</td> <td>Mickelson</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	owner	Chris	2468 N. Overview Pl	Boise	ID	83702	member	Mickelson				
Office held	Name	Street or P.O. Address	City	State	Zip																	
owner	Chris	2468 N. Overview Pl	Boise	ID	83702																	
member	Mickelson																					
5. Organized Under the Laws of: IDAHO W 19716		6. Signature  _____ Date _____ Name (Typed or Printed) _____ Title _____																				

Issued 04/01/2008

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