No. <b>W 82002</b>		Due no later than Mar 31, 2011		2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  SANDPOINT CAB, LLC  KELLY R ALLEN  721 N 3RD AVE  SANDPOINT ID 83864			KELLY ALLEN 1711 SPRUCE ST SANDPOINT ID 83864  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	KELLY R AL	LEN	721-N3RD AVE		SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kelly Allen			Date: 04/25/2011			
W 82002		Name (type or print): Kelly Allen			Title: Owner			
Processed 04/25/2011	rocessed 04/25/2011 * Electronically provided signatures are accepted as original signatures.							