| No. <b>W 21168</b> Return to:  |                | Due no later than Oct 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  CDT VI ENTERPRISES, LLC S CARL NICOLAYSEN PO BOX 607 MERIDIAN ID 83680 |                                      |                  | 2. Registered Agent and Address (NO PO BOX)  S CARL NICOLAYSEN 455 W AMITY MERIDIAN ID 83642  3. New Registered Agent Signature:* |         |             |  |
|--|----------------|---|--------------------------------------|------------------|---|---------|-------------|--|
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |                |   |                                      | MERIDIAN         |   |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                |   |                                      |                  |   |         |             |  |
| 4. Limited Liability Compa   | nies: Enter Na | mes and Addresse  | s of at least one Member or Manager. |                  |   |         |             |  |
| Office Held  | Name           |   | Street or PO Address                 | City             | State   | Country | Postal Code |  |
| MANAGER  | S CARL NIC     | COLAYSEN  | P O BOX 607                          | MERIDIAN         | ID  | USA     | 83680       |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*   |                                      |                  |   |         |             |  |
| ID   |                | Signature: S (  |                                      | Date: 09/06/2017 |   |         |             |  |
| W 21168  |                | Name (type or   | print): S Carl Nicolaysen            |                  | Title: Manager  |         |             |  |
| Processed 09/06/2017 * Electronically provided signatures are accepted as original signatures. |                |   |                                      |                  |   |         |             |  |