No. C 109577		Due no later than Feb 29, 2008		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JAMES R HERRMANN SR 735 HERRMANN LAKE RD SAGLE ID 83860 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CDC, INC. JAMES R HERRMANN SR PO BOX 681 SAGLE ID 83860		SAGLE ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Name	es and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	e Held Name		Street or PO Address	City	State	Country	Postal Code	
	A CANADA AND A CAN		735 HERRMANN LAKE ROAD 735 HERRMANN LAKE ROAD	SAGLE SAGLE	ID ID	USA USA	83860 83860	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 109577		Signature: James		Date: 12/15/2007				
		Name (type or pr		Title: President				
Processed 12/15/2007 * Electronically provided signatures are accepted as original signatures.								