

No. W 16040	Due no later than Jul 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CAVENER DRIVER EDUCATION, LLC JOLYNNE CAVENER 2202 ESTATES DR NAMPA ID 83686		JO LYNNE CAVENER 1048 W STATE ST MERIDIAN ID 83642			
			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
MEMBER	ALAN CAVENER	2202 ESTATES DR	NAMPA	ID	USA	83686
MEMBER	JO LYNNE CAVENER	2202 ESTATES DR	NAMPA	ID	USA	83686
5. Organized Under the Laws of: ID W 16040	6. Annual Report must be signed.* Signature: Jolynne Cavener Name (type or print): Jolynne Cavener		Date: 08/07/2009 Title: Manager			
Processed 08/07/2009		* Electronically provided signatures are accepted as original signatures.				