| No. **W 67886** | **Due no later than Oct 31, 2011**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>CDARE GROUP, LLC<br>PATRICIA FRANCESCHINE<br>1450 NORTHWEST BLVD SUITE 301<br>COEUR D ALENE ID 83814<br>USA | MARIE PICKFORD<br>1450 NORTHWEST BLVD SUITE 301<br>COEUR D'ALENE ID 83814<br><br>3. New 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 |
|---|---|---|---|---|---|---|
| MANAGER | MARIE PICKFORD | 302 N FEMAN LAKE RD | COEUR D'ALENE | ID | USA | 83814 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 67886** | Signature: Patricia Franceschine | Date: 09/14/2011 |
| | Name (type or print): Patricia Franceschine | Title: Market Center Administrator |

Processed 09/14/2011

* Electronically provided signatures are accepted as original signatures.