

No. W 120486	Due no later than Dec 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ELISABETH MOORE 14089 N CHURCH RD RATHDRUM ID 83858				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CRUZE 2089 LLC PO BOX 2013 POST FALLS ID 83877		3. <u>New</u> Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager or Member Name Street or PO Address City State Country Postal Code							
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>Elizabeth Moore</i> <i>P.O. Box 2013</i> <i>Post Falls, ID</i> <i>Kootenai</i> <i>83877</i>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 120486 </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> Signature: <u><i>Elizabeth Moore</i></u> </td> <td style="width: 40%;"> Date: <u><i>10-20-14</i></u> </td> </tr> <tr> <td> Name (type or print): <u><i>ELISABETH MOORE</i></u> </td> <td> Title: <u><i>owner</i></u> </td> </tr> </table>		Signature: <u><i>Elizabeth Moore</i></u>	Date: <u><i>10-20-14</i></u>	Name (type or print): <u><i>ELISABETH MOORE</i></u>	Title: <u><i>owner</i></u>
Signature: <u><i>Elizabeth Moore</i></u>	Date: <u><i>10-20-14</i></u>						
Name (type or print): <u><i>ELISABETH MOORE</i></u>	Title: <u><i>owner</i></u>						
Issued 10/15/2014 by CLH		127910					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM