

No. W 68790	Due no later than Nov 30, 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. CEDAR ST. BRIDGE CAFE, LLC TIM FRAZIER 314 NORTH FIRST AVE SANDPOINT ID 83864		TIM FRAZIER 314 NORTH FIRST AVE SANDPOINT ID 83864			
			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	MANUELA FRAZIER	315 NORTH FIRST AVE	SANDPOINT	ID	USA	83864
MEMBER	TIM FRAZIER	315 NORTH FIRST AVE	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of: ID W 68790	6. Annual Report must be signed.* Signature: Tim Frazier Name (type or print): Tim Frazier		Date: 09/16/2009 Title: Member			
Processed 09/16/2009		* Electronically provided signatures are accepted as original signatures.				