| No. **W 52241** | **Due no later than Jun 30, 2014** | 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** | **Annual Report Form**<br>**1. Mailing Address: Correct in this box if needed.**<br>CEDAR PARK PROFESSIONAL CENTER, LLC<br>KATHY J MCCONNELL<br>739 LOWER PACK RIVER RD<br>SANDPOINT ID 83864<br>USA | KATHY J MCCONNELL<br>1224 WASHINGTON ST<br>SANDPOINT ID 83864<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 |
|---|---|---|---|---|---|---|
| MEMBER | KATHY J MCCONNELL | 739 LOWER PACK RIVER RD | SANDPOINT | ID | USA | 83864 |
| MEMBER | TIMOTHY H MCCONNELL | 739 LOWER PACK RIVER RD | SANDPOINT | ID | USA | 83864 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 52241** | Signature: Kathy J McConnell | Date: 07/16/2014 |
| | Name (type or print): Kathy J McConnell | Title: Member |

Processed 07/16/2014

* Electronically provided signatures are accepted as original signatures.