lo.	C 151500	Due no later than October 31, 200	7 2. Registered Agent and Office NO PO BOX
450 N	to: RETARY OF STATE IORTH FOURTH STREET OX 83720 E, ID 83720-0080	Annual Report Form  1. Mailing Address - Correct in this box, if applies CASCADE POWER & LIGHT, INC. DAVEN STORY 12491 LAKESHORE DR NAMPA, ID 83686	DAVEN STORY 12491 LAKESHORE DR NAMPA, ID 83686
RECE	LING FEE IF IVED BY DUE DATE		3. New Registered Agent Signature
. C	orporations: Enter Nam	nes and Business Addresses of President, Se	ecretary and Directors
Offic	ce held Name	Street or P.O. Address tony 12491 Lake Shore Dr.	City State 7in
	ized Under the Laws of: IDAHO C 151500	6. Signature Javan Storm	Date 8/24/0)
Issu	ued 08/02/2007	Do Not Tape or Staple	200710002899