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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------|---------------------|
| No. <b>W 81036</b>                                                                                                                                     |                                | <b>Due no later than Jan 31, 2014</b>                                                                                                                                            |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>                    |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                                | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CASCADE BUSINESS HOLDINGS, LLC<br>967 E PARKCENTER BLVD #311<br>BOISE ID 83706 |       | ENTITY SERVICES, INC.<br>967 E PARKCENTER BLVD #311<br>BOISE ID 83706 |                     |
|                                                                                                                                                        |                                |                                                                                                                                                                                  |       | 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 |
| MANAGER                                                                                                                                                | CASCADE BUSINCONSULTANTS, INC. | 967 E PARKCENTER BLVD #311                                                                                                                                                       | BOISE | ID                                                                    | USA 83706           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 81036</b>                                                                                           |                                | 6. Annual Report must be signed.*<br>Signature: M. Rodgers<br>Name (type or print): M. Rodgers<br>Date: 01/23/2014<br>Title: President                                           |       |                                                                       |                     |
| Processed 01/23/2014                                                                                                                                   |                                | * Electronically provided signatures are accepted as original signatures.                                                                                                        |       |                                                                       |                     |