No. <b>W 68790</b>		Due no later than Nov 30, 2010		2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form			TIM FRAZIER 314 NORTH FIRST AVE SANDPOINT ID 83864				
SECRETARY OF STATE	1. Mailing Addre	1. Mailing Address: Correct in this box if needed.						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CEDAR ST. BRIDGE CAFE, LLC TIM FRAZIER 314 NORTH FIRST AVE							
	SANDPOINT ID 83	SANDPOINT ID 83864		3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter	Names and Addresses of a	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 FRA	ZIER	315 NORTH FIRST AVE		SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:  6. Annual Report must be signed.*								
п	Signature: Conrad	Signature: Conrad Young Date: 10/27/2010						
W 68790	Name (type or prin	Name (type or print): Conrad Young			Title: Cpa			
Processed 10/27/2010	* Electronically provided signatures are accepted as original signatures.							