No. W 20951		Due no later than Oct 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form R CLEVE BUTT					
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed. CDC PROPERTIES, L.L.C. SHARON TSE PO BOX 2035		3204 KIMBERLY RD. EAST TWIN FALLS ID 83301			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SHARON TSE						
	TWIN FALLS	TWIN FALLS ID 83303		3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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	
	BUTTARS	PO BOX 2035	TWIN FALLS	ID	USA	83303	
MEMBER DOUGLA	S OTTERSBERG	PO BOX 285	TWIN FALLS	ID	USA	83303	
5. Organized Under the Laws of: 6. Annual Repor		t must be signed.*					
ID	Signature: R.	Signature: R. Cleve Buttars		Date: 08/21/2014			
W 20951	Name (type o	Name (type or print): R. Cleve Buttars		Title: Member			
Processed 08/21/2014	* Electronically p	* Electronically provided signatures are accepted as original signatures.					