

No. C 71913		Due no later than Jan 31, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. CAB, INC. CONSTANCE BRICKERT 2301 N REISWIG RD POST FALLS ID 83854		CONSTANCE BRICKERT 2301 N REISWIG RD POST FALLS ID 83854			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	THOMAS LD BRICKERT	PO BOX 459	POST FALLS	ID	USA	83877-0459	
TREASURER	THOMAS LD BRICKERT	PO BOX 459	POST FALLS	ID	USA	83877-0459	
SECRETARY	THOMAS LD BRICKERT	PO BOX 459	POST FALLS	ID	USA	83877-0459	
DIRECTOR	CONSTANCE A BRICKERT	PO BOX 459	POST FALLS	ID	USA	83877-0459	
PRESIDENT	CONSTANCE A BRICKERT	PO BOX 459	POST FALLS	ID	USA	83877-0459	
5. Organized Under the Laws of: ID C 71913		6. Annual Report must be signed.* Signature: Constance A. Brickert Name (type or print): Constance A. Brickert Date: 01/11/2010 Title: President					
Processed 01/11/2010		* Electronically provided signatures are accepted as original signatures.					