No. W 70319 Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. CREI MANAGER LLC 1222 VISTA AVE BOISE ID 83705 BART 1222 BOIS			2. Registered Agent and Address (NO PO BOX) BART COCHRAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				1222 VIST BOISE ID	1222 VISTA AVE BOISE ID 83705 New Registered Agent Signature:*			
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER CLEARWATE		R REI, LLC	1222 S VISTA AVE	BOISE	ID	USA	83705	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lori Fischer			Date: 02/01/2013			
W 70319		Name (type or print): Lori Fischer			Title: Controller			
Processed 02/01/2013 * Electronically provided signatures are accepted as original signatures.								