

No. W 16040	Due no later than July 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: (Enter in this box if applicable) CAVENER DRIVER EDUCATION, LLC 2202 ESTATES DR NAMPA, ID 83686		JO LYNNE CAVENER 1048 W STATE ST MERIDIAN, ID 83642 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>manager</td> <td>J Lynne Cavener</td> <td>2202 Estates Dr</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> <tr> <td>member</td> <td>Alan Cavener</td> <td>2202 Estates Dr</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	manager	J Lynne Cavener	2202 Estates Dr	Nampa	ID	83686	member	Alan Cavener	2202 Estates Dr	Nampa	ID	83686
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member	Alan Cavener	2202 Estates Dr	Nampa	ID	83686																
5. Organized Under the Laws of: IDAHO W 16040	6. Signature <u>J Cavener</u> Date <u>5/11/08</u> Name (Typed or Printed) <u>J Cavener</u> Title <u>manager</u>																				

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