No. W 26315 Return to:		Due no later than Oct 31, 2009 Annual Report Form 1. Mailing Address: Correct in this box if needed. CATAZ, LLC LISA CLINE 5022 FAIRVIEW AVE BOISE ID 83706			2. Registered Agent and Address (NO PO BOX) LISA CLINE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				5022 FAIRVIEW BOISE ID 83706 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		and Addresses of at	laset and Marshau au Marsaau					
Office Held	anies: Enter Nai Name	nes and Addresses of at	least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
MANAGER	LISA CLINE		535 W WATER GROVE DRIVE	EAGLE	ID	USA	83616	
5. Organized Under the	Laws of:	6. Annual Report must I	ne signed *					
TD		Signature: Lisa Cline Date: 11/19/2009						
W 26315		Name (type or print): Lisa Cline		Title: Manager				
Processed 11/19/2009		* Electronically provided signatures are accepted as original signatures.						