2.3000 7.300		•	2. Registered Agent and Address (NO PO BOX)				
Return to:	Ann	Annual Report Form		H JAMES MAGNUSON 1250 NORTHWOOD CENTER CT STE A COEUR D'ALENE ID 83814			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	P.B. CABEZA PROPEI	1. Mailing Address: Correct in this box if needed. P.B. CABEZA PROPERTIES, LLC JOHN F. MAGNUSON 1250 NORTHWOOD CENTER CT STE A COEUR D'ALENE ID 83814					
,				3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addresses of a	t least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER JOHN F MAGNUSON MANAGER H JAMES MAGNUSON		1250 NORTHWOOD CENTER CT STE A 1250 NORTHWOOD CENTER CT STE A		ID ID	USA USA	83814 83814	
5. Organized Under the Laws of: 6. Annual Report must		be signed.*					
ID	Signature: John F. N	ture: John F. Magnuson		Date: 04/21/2009			
W 40612	Name (type or print	Name (type or print): John F. Magnuson			Title: Manager		
Processed 04/21/2009 * Electronically provided signatures are accepted as original signatures.							