

|                                                                                                                                                        |                    |                                                                                                                                                                              |        |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 108301</b>                                                                                                                                    |                    | Due no later than Nov 30, 2016                                                                                                                                               |        | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CCA TEA HOUSE, LLC<br>CONNIE E SALISBURY<br>400 MILL RD<br>MOSCOW ID 83843 |        | CASIE MCGARRAH<br>400 MILL RD<br>MOSCOW ID 83843   |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                                              |        | 3. <u>New</u> Registered Agent Signature:*         |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                    |                                                                                                                                                                              |        |                                                    |         |             |  |
| Office Held                                                                                                                                            | Name               | Street or PO Address                                                                                                                                                         | City   | State                                              | Country | Postal Code |  |
| MEMBER                                                                                                                                                 | CONNIE E SALISBURY | 400 MILL RD                                                                                                                                                                  | MOSCOW | ID                                                 | USA     | 83843       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 108301</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: CASIE MCGARRAH<br>Name (type or print): CASIE MCGARRAH<br>Date: 11/13/2016<br>Title: MEMBER                                  |        |                                                    |         |             |  |
| Processed 11/13/2016                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                    |        |                                                    |         |             |  |