

No. W 47912	Due no later than Feb 28, 2010 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. CD SKAAR, LLC COLLEEN SKAAR 3273 E 500 N LEWISVILLE ID 83431		COLLEEN SKAAR 3273 E 500 N LEWISVILLE ID 83431	
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.				
Office Held	Name	Street or PO Address	City	State Country Postal Code
Member member	Colleen SKAAR	3273 E 500 N	Lewisville Id	USA 83431
	DuWayne SKAAR			
5. Organized Under the Laws of:		6.		
IDAHO W 47912		Signature: <u>Colleen A Skaar</u>	Date: <u>12-31-09</u>	
		Name (type or print): <u>Colleen A SKAAR</u>	Title: <u>OWNER</u>	
Issued 12/18/2009 by CLH. 201002007163				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1 strike it out and write in the correct address. **Note:** To ensure future mailings, the