No. C 71913		Due no later than Jan 31, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. CAB, INC. CONSTANCE BRICKERT 2301 N REISWIG RD POST FALLS ID 83854-8363		CONSTANCE BRICKERT 2301 N REISWIG RD POST FALLS ID 83854-8363 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held Na	ame		Street or PO Address		City	State	Country	Postal Code
DIRECTOR TH	HOMAS LD	BRICKERT	PO BOX 459		POST FALLS	ID	USA	83877-0459
TREASURER TH	HOMAS LD	BRICKERT	PO BOX 459		POST FALLS	ID	USA	83877-0459
SECRETARY TH	HOMAS LD	BRICKERT	PO BOX 459		POST FALLS	ID	USA	83877-0459
DIRECTOR CO	ONSTANCE	A BRICKERT	PO BOX 459		POST FALLS	ID	USA	83877-0459
PRESIDENT CO	ONSTANCE	A BRICKERT	PO BOX 459		POST FALLS	ID	USA	83877-0459
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 71913		Signature: Constance A Brickert				Date: 01/26/2017		
		Name (type or print): Constance A Brickert				Title: President		
Processed 01/26/2017 * Electronically provided signatures are accepted as original signatures.								