No. **W 59048**	**Due no later than Feb 28, 2014** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** CC2, LLC CHRIS TAYLOR 366 SE 44TH AVE PORTLAND OR 97215	KELLY MILLER 3615 VISTA DRIVE NAMPA ID 83686 3. New 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	CHRIS TAYLOR	366 SE 44TH AVENUE	PORTLAND	OR	USA	97215

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 59048**	Signature: Chris S Taylor	Date: 12/15/2013
	Name (type or print): Chris S Taylor	Title: Member

Processed 12/15/2013

* Electronically provided signatures are accepted as original signatures.