| No. W 107441 Return to: | | Due no later than Oct 31, 2013 Annual Report Form | | 2. | 2. Registered Agent and Address (NO PO BOX) CARL HENDRICKS | | | |
|--|----------------|---|---------------------------------|----|--|-------|---------|-------------|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. CWD TRAINING LLC CARL HENDRICKS 1616 SILVER DR NAMPA ID 83686 USA | | | 1616 SILVER DR NAMPA ID 83686 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compar | nies: Enter Na | mes and Addresses of | at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | (| City | State | Country | Postal Code |
| MANAGER | CARL PATRI | ICK HENDRICKS | 1616 SILVER DRIVE | Ŋ | NAMPA | ID | USA | 83686 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Carl Hendricks | | | Date: 08/30/2013 | | | |
| W 107441 | | Name (type or print): Carl Hendricks | | | Title: Manager | | | |
| Processed 08/30/2013 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |