

No. W 52241	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010		2. Registered Agent and Office (NOT A P.O. BOX) KATHY J MCCONNELL 1224 WASHINGTON ST SANDPOINT ID 83864																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CEDAR PARK PROFESSIONAL CENTER, LLC KATHY J MCCONNELL 739 LOWER PACK RIVER RD SANDPOINT ID 83864 USA		3. <u>New</u> Registered Agent Signature.																					
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Member</td><td>Timothy McConnell</td><td>739 Lower Pack River</td><td>Sandpoint</td><td>ID</td><td></td><td>83864</td></tr><tr><td>member</td><td>Kathleen McConnell</td><td>739 Lower Pack River</td><td>Sandpoint</td><td>ID</td><td></td><td>83864</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Member	Timothy McConnell	739 Lower Pack River	Sandpoint	ID		83864	member	Kathleen McConnell	739 Lower Pack River	Sandpoint	ID	
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5. Organized Under the Laws of: IDAHO W 52241	6. <table border="1"><tr><td>Signature: <u>Kathy J. McConnell</u></td><td>Date: <u>12.7.10</u></td></tr><tr><td>Name (type or print): <u>Kathy J. McConnell</u></td><td>Title: <u>Member</u></td></tr></table>					Signature: <u>Kathy J. McConnell</u>	Date: <u>12.7.10</u>	Name (type or print): <u>Kathy J. McConnell</u>	Title: <u>Member</u>															
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