

**FILED/EFFECTIVE****REINSTATEMENT**No. **W 4961****Annual Report Form**  
ADMIN DISSOLVED 02/09/2001Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080**FEE DUE \$30.00****1. Mailing Address - Correct in this box, if applicable**C. C. & P. ENTERPRISES, L.L.C.  
PATRICK MICHAEL POSTON  
4115 E 132 N

RIGBY, ID 83442

**2. Registered Agent and Office NOT A P.O. BOX**PATRICK MICHAEL POSTON  
4115 E 132 N

RIGBY, ID 83442

**3. New registered agent signature**

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**  
Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☒ **Members** (check one)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<del>Manager</del> <b>MEMBER</b>	PATRICK M. POSTON	4115 E. 132 N.	RIGBY	ID	83442
<del>Manager</del> <b>MEMBER</b>	SAM CARY	HCR BOX 212	BONNERS FERRY	ID	83805
<del>Manager</del> <b>MEMBER</b>	STEVEN CARY	P.O. BOX 538	BONNERS FERRY	ID	83805

**5. Organized under the laws of:**IDAHO  
W 4961**6.**

Signature



Date

2-27-01

Name (Typed or Printed)

PATRICK M. POSTON

Title

MANAGER

Issued 02/23/2001