| No. W 64887 | | Due no later than Jul 31, 2011 | 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 | | Annual Report Form | ANGELA ALEXANDER | | | | |
| | | 1. Mailing Address: Correct in this box if needed. COFFEE COTTAGE LLC (THE) ANGELA L ALEXANDER 207 S RIVERSIDE HARBOR DR POST FALLS ID 83854 | | 1115 SPOKANE ST POST FALLS ID 83854 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: E | nter Names ar | nd Addresses of at least one Member or Manager. | | | | | |
| Office Held Nam | e | Street or PO Address | City | State | Country | Postal Code | |
| | ELA ALEXANDE P ALEXANDE | | POST FALLS POST FALLS | ID ID | USA USA | 83854 83854 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Angela Alexander Date: 08/07/2011 | | | | | |
| W 64887 | | me (type or print): Angela Alexander | Title: Owner/member | | | | |
| Processed 08/07/2011 | * Elec | * Electronically provided signatures are accepted as original signatures. | | | | | |