

No. W 74352	Due no later than May 31, 2015 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. ZIP'S DRIVE-IN ST MARIES LLC KARIN G FOWLER 11717 W RIVERVIEW DR POST FALLS ID 83854	KARIN G FOWLER 127 EAST COLLEGE AVE ST MARIES 83861			
		3. <u>New</u> 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
MANAGER	KARIN G FOWLER	11717 W RIVERVIEW DR	POST FALLS	ID	83854
5. Organized Under the Laws of: ID W 74352	6. Annual Report must be signed.* Signature: KARIN Fowler Date: 04/02/2015 Name (type or print): KARIN Fowler Title: manager				
Processed 04/02/2015		* Electronically provided signatures are accepted as original signatures.			