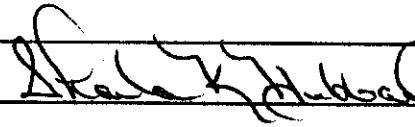


No. <b>W 23066</b>	<b>Due no later than March 31, 2007</b>		<b>2. Registered Agent and Office NO PO BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b>		SHARLA HUBBARD													
	1. Mailing Address - Correct in this box, if applicable  COFFEE COW LLC 1441 G ST LEWISTON, ID 83501		1441 G ST LEWISTON, ID 83501  3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER/ MANAGER</td> <td>SHARLA HUBBARD</td> <td>1441 "G" STREET</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER/ MANAGER	SHARLA HUBBARD	1441 "G" STREET	LEWISTON	ID	83501
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
MEMBER/ MANAGER	SHARLA HUBBARD	1441 "G" STREET	LEWISTON	ID	83501											
5. Organized Under the Laws of: IDAHO W 23066		6. Signature  Date <u>1/29/07</u> Name (Typed or Printed) <u>SHARLA HUBBARD</u> Title <u>MEMBER/MANAGER</u>														

Issued 01/02/2007

Do Not Tape or Staple

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