

No. <b>W 96009</b>		<b>Due no later than Aug 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  COCOA PUFF, LLC M JOANNE LEWIS 4400 BROOKSIDE LN BOISE ID 83714		ENTITY SERVICES INC 1101 W RIVER ST #340 BOISE ID 83702			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name M. JOANNE LEWIS	Street or PO Address 4400 N. BROOKSIDE LN.		City BOISE	State KS	Country USA	Postal Code 83714
5. Organized Under the Laws of:  <b>ID</b> <b>W 96009</b>		6. Annual Report must be signed.*  Signature: M. Joanne Lewis Name (type or print): M. Joanne Lewis  Date: 06/19/2017 Title: Member					
Processed 06/19/2017 * Electronically provided signatures are accepted as original signatures.							