

No. W 7764

Due no later than January 31, 2009

## Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

BESTOF, LIMITED LIABILITY COMPANY  
MARSHALL MEND  
2071 E PACKSADDLE DR  
COEUR D ALENE, ID 83815MARSHALL MEND  
2071 E PACKSADDLE DR  
COEUR D ALENE, ID 83815**NO FILING FEE IF  
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office heldNameStreet or P.O. AddressCityStateZip

Manager Marshall E. Mend 2071 E. Packsaddle Dr. Coeur d'Alene ID 83815

5. Organized Under the Laws of:

IDAHO  
W 7764

6.

Signature

Date

1-13-09

Name

(Typed or  
Printed)

Marshall E. Mend

Title

Manager

Issued 11/05/2008

Do Not Tape or Staple

200901006057