

No. W 7764	Due no later than January 31, 2009	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form	
NO FILING FEE IF RECEIVED BY DUE DATE		

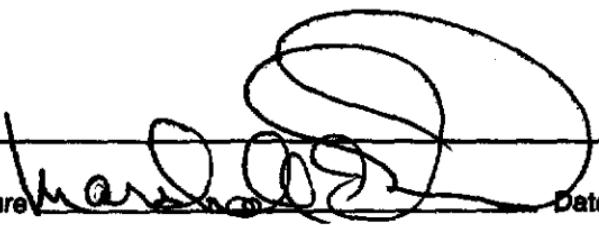
1. Mailing Address - Correct in this box, if applicable	
BESTOF, LIMITED LIABILITY COMPANY MARSHALL MEND 2071 E PACKSADDLE DR COEUR D ALENE, ID 83815	

2. Registered Agent and Office NO PO BOX	
MARSHALL MEND 2071 E PACKSADDLE DR COEUR D ALENE, ID 83815	
3. New Registered Agent Signature	

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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