

No. **W 7764**

Due no later than January 31, 2008

**Annual Report Form**

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 83815

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

MARSHALL MEND  
2071 E PACKSADDLE DR  
COEUR D ALENE, ID 83815

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

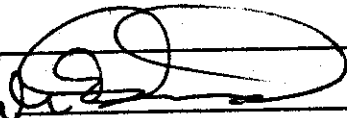
4. Limited Liability Companies: Enter Names and Addresses of Managers.

<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	Idaho	83815

5. Organized Under the Laws of:  
**IDAHO**  
**W 7764**

6.

Signature



Date

**12-29-07**

Name

(Typed or  
Printed)

**Marshall E. Mend**

Title

**Manager**

Issued 11/01/2007

**Do Not Tape or Staple**

200801006019