No. **W 64887**	**Due no later than Jul 31, 2014**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** COFFEE COTTAGE LLC (THE) ANGELA L ALEXANDER 5023 SHORE COVE POST FALLS ID 83854	ANGELA ALEXANDER 1115 SPOKANE ST POST FALLS ID 83854 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	ANGELA ALEXANDER	5023 SHORE COVE	POST FALLS	ID	USA	83854
MEMBER	TOM P ALEXANDER	5023 SHORE COVE	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 64887**	Signature: Angela Alexander	Date: 07/31/2014
	Name (type or print): Angela Alexander	Title: Owner/Member

Processed 07/31/2014

* Electronically provided signatures are accepted as original signatures.