

No. <b>W 62583</b>		<b>Due no later than May 31, 2015</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>  BESTNOTES, LLC NATHAN OLSEN PO BOX 5578 TWIN FALLS ID 83303		NATHAN P OLSEN 1411 FALLS AVENUE EAST SUITE 1203 TWIN FALLS ID 83301			
<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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	NATHAN P OLSEN	PO BOX 5578	TWIN FALLS	ID	83303		
MEMBER	MATTHEW L THOMPSON	PO BOX 5578	TWIN FALLS	ID	83303		
MEMBER	ENOCH S OLSEN	PO BOX 5578	TWIN FALLS	ID	83303		
MEMBER	REUBEN S OLSEN	PO BOX 5578	TWIN FALLS	ID	83303		
5. Organized Under the Laws of:  <b>ID</b> <b>W 62583</b>		6. Annual Report must be signed.*  Signature: Nathan Olsen Name (type or print): Nathan Olsen					
		Date: 04/23/2015 Title: Member					
Processed 04/23/2015 * Electronically provided signatures are accepted as original signatures.							