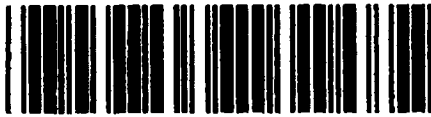


B0538-6402 10/15/2020 10:31 AM Received by ID Secretary of State Lawrence Denney



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 09/30/2020

Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

SOS Control Number: 394118

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 09/05/2013

Formation Locale: ID

Name and Mailing Address:

JAVA STOP ESPRESSO, LLC

134 23RD AVE

LEWISTON, ID 83501-3881

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:

WENDY YOCHUM

134 23RD AVE

LEWISTON, ID 83501

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Wendy Yochum	921 21st St	Lewiston, ID 83501
<input checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Ryle Trumbo	921 21st St	Lewiston, ID 83501
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: *Wendy Yochum*

(6) Date: 10/17/20

(7) Type/Print Name: Wendy Yochum

(8) Title: owner/manager

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.