

No. W 49458		Due no later than Apr 30, 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		KATHLEEN J E GLASEBROOK 625 RIDGE RD MOSCOW ID 83843			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		SWEET TASTE OF THE PALOUSE, LLC KATHLEEN J E GLASEBROOK 625 RIDGE RD MOSCOW ID 83843					
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	
MANAGER	KATHLEEN J E GLASEBROOK	625 RIDGE RD	MOSCOW	ID	USA	83843	
MANAGER	DAVID S M GLASEBROOK	625 RIDGE RD	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 49458		Signature: DSM Glasebrook			Date: 02/10/2014		
		Name (type or print): DSM Glasebrook			Title: Manager		
Processed 02/10/2014		* Electronically provided signatures are accepted as original signatures.					