No. <b>W 38853</b> Return to:		Due no later than Apr 30, 2013 Annual Report Form			2. Registered Agent and Address (NO PO BOX)  JOLENE E SMITH				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  BERNINA'S BEST L.L.C.  JOLENE E SMITH  701 WEST HWY 39  BLACKFOOT ID 83221		<b>1</b> 7	701 WEST HWY 39 BLACKFOOT ID 83221  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA							
4. Limited Liability Compa	nies: Enter Nai	mes and Address	es of at least one Member or Manager.						
Office Held	Name		Street or PO Address	Cit	ty	State	Country	Postal Code	
MANAGER	JOLENE E SMITH		389 SOUTH 1300 WEST	PII	NEGREE	ID	USA	83262	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID W 38853		Signature: Jolene E Smith			Date: 02/13/2013				
		Name (type or print): Jolene E Smith			Title: Owner				
Processed 02/13/2013 * Electronically provided signatures are accepted as original signatures.									