

No. <b>W 30896</b>		<b>Due no later than May 31, 2012</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>  OCTOBERSBEST, LLC ALBERTO CARIAGA 974 N SNEAD PLACE EAGLE ID 83616		ALBERTO CARIAGA 974 N SNEAD PLACE EAGLE ID 83616			
<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	
MANAGER	ALBERTO CARIAGA	974 N SNEAD PLACE	EAGLE	ID	USA	83616	
MANAGER	JEAN G CARIAGA	974 N SNEAD PLACE	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:  <b>ID</b> <b>W 30896</b>		6. Annual Report must be signed.*  Signature: Jean Cariaga Name (type or print): Jean Cariaga					
		Date: 04/13/2012 Title: Manager					
Processed 04/13/2012 * Electronically provided signatures are accepted as original signatures.							