No. W 74352		Due no later than May 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		KARIN G FOWLER 127 EAST COLLEGE AVE ST MARIES ID 83861			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. ZIP'S DRIVE-IN ST MARIES LLC KARIN G FOWLER 11717 W RIVERVIEW DR					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KARIN G F						
	POST FALLS	POST FALLS ID 83854		3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: En	ter Names and Addres	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER KARIN G FOWLER		11717 W RIVERVIEW DR	POST FALLS	ID		83854	
5. Organized Under the Laws of: 6. Annual Rep		ort must be signed.*					
ID	Signature: I	Signature: Karin Fowler (KGFowler) Date: 03/30/2016				16	
W 74352	Name (type	or print): Karin Fowler (KGFowler)		Title: manager			
Processed 03/30/2016	* Electronically	* Electronically provided signatures are accepted as original signatures.					