

No. W 30896		Due no later than May 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. OCTOBERSBEST, LLC ALBERTO CARIAGA 974 N SNEAD PLACE EAGLE ID 83616		ALBERTO CARIAGA 974 N SNEAD PLACE EAGLE ID 83616		
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MANAGER	Name ALBERTO CARIAGA	Street or PO Address 974 N SNEAD PLACE	City EAGLE	State ID	Country	Postal Code 83616
5. Organized Under the Laws of: ID W 30896		6. Annual Report must be signed.* Signature: Alberto Cariaga Name (type or print): Alberto Cariaga Date: 05/16/2018 Title: Manager				
Processed 05/16/2018 * Electronically provided signatures are accepted as original signatures.						