No. W 93619		Due no later than May 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ERIC E MOTT 1472 IRON EAGLE DR EAGLE 83616			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. DIVERSIFIED FRANCHISE CONCEPTS, LLC LLC MANAGER PO BOX 1207 EAGLE ID 83616 USA					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LLC MANA			LAGLE 05010			
	EAGLE ID			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Ente	er Names and Addre	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER ERIC E	MOTT	1472 IRON EAGLE DRIVE	EAGLE	ID	USA	83616	
MANAGER THOMA	S R YOUNG	1472 IRON EAGLE DR	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:	6. Annual Rep	port must be signed.*					
ID	Signature:	Signature: Eric E Mott Date: 04/15/2015					
W 93619	Name (type	Name (type or print): Eric E Mott			Title: Manager		
Processed 04/15/2015	* Electronicall	* Electronically provided signatures are accepted as original signatures.					