

|  |  |   |   |       |         |             |
|--|--|---|---|-------|---------|-------------|
| No. <b>W 118515</b>  | <b>Due no later than Oct 31, 2014</b><br><b>Annual Report Form</b>   |   | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>LYNAE'S DELI & BAKERY, LLC<br>MILAGROS J GOUCHENOUR<br>121 S MAIN ST<br>POCATELLO ID 83201<br>USA |   | MILAGROS J GOUCHENOUR<br>121 S MAIN ST<br>POCATELLO 83201 |       |         |             |
|  |  |   | 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 |
| MEMBER   | RAYMOND W GOUCHENOUR   | 121 S. MAIN   | POCATELLO   | ID    | USA     | 83204       |
| MEMBER   | MILAGROS J GOUCHENOUR  | 121 S. MAIN ST  | POCATELLO   | ID    | USA     | 83204       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 118515</b>  | 6. Annual Report must be signed.*<br>Signature: Raymond Gouchenour<br>Name (type or print): Raymond Gouchenour   |   | Date: 10/22/2014<br>Title: Member                         |       |         |             |
| Processed 10/22/2014   |  | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |