

No. W 7764		Due no later than Jan 31, 2015		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. BESTOF, LIMITED LIABILITY COMPANY MARSHALL E MEND 2071 E PACKSADDLE DR COEUR D ALENE ID 83815 USA		MARSHALL MEND 2071 E PACKSADDLE DR COEUR D'ALENE 83815	
				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	MARSHALL MEND	2071 E PACKSADDLE DR.	COEUR D'ALENE	ID	83815
5. Organized Under the Laws of: ID W 7764		6. Annual Report must be signed.* Signature: Marshall Mend Name (type or print): Marshall Mend Date: 11/17/2014 Title: Manager			
Processed 11/17/2014		* Electronically provided signatures are accepted as original signatures.			