

No. W 89543		Due no later than Jan 31, 2014		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. DAVE ALVES, LLC DAVES ALVES 1226 QUAIL ST TWIN FALLS ID 83301		DAVE ALVES 1226 QUAIL ST TWIN FALLS ID 83301			
				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	DAVE ALVES	1226 QUAIL ST	TWIN FALLS	ID	USA	83301	
MANAGER	MARIANNA ALVES	1226 QUAIL ST	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 89543		6. Annual Report must be signed.* Signature: Marianna Alves Name (type or print): Marianna Alves Date: 11/18/2013 Title: Manager					
Processed 11/18/2013		* Electronically provided signatures are accepted as original signatures.					