No. <b>W 68905</b>		Due no later than Nov 30, 2009 Annual Report Form  1. Mailing Address: Correct in this box if needed.  BISTRO 2 FIFTEEN, LLC. KIM KRAMER 28565 OLD FORT BOISE RD PARMA ID 83660 USA		2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				1	KIMBERLY S KRAMER 215 MAIN AVE PARMA ID 83660  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
100 100 100 100 100 100 100 100 100 100		nes and Addresse	s of at least one Member or Manager.				_	
	ame		Street or PO Address		City	State	Country	Postal Code
	MBERLY S MOTHY S		28565 OLD FORT BOISE RD 28565 OLD FORT BOISE RD		PARMA PARMA	ID ID	USA USA	83660 83660
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 68905		Signature: Kimberly S Kramer			Date: 12/21/2009			
		Name (type or print): Kimberly S Kramer			Title: Manager			
Processed 12/21/2009 * Electronically provided signatures are accepted as original signatures.								