

No. **W 7764**

**Due no later than January 31, 2006**  
**Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

**1. Mailing Address - Correct in this box, if applicable**

BESTOF, LIMITED LIABILITY COMPANY  
MARSHALL MEND  
157 HAYDEN AVE STE 104  
HAYDEN, ID 83835

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157 HAYDEN AVE STE 104  
HAYDEN, ID 83835

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. **Limited Liability Companies: Enter Names and Addresses of Managers.**

Office held      Name

Street or P.O. Address

City

State

Zip

Managing  
Member

Marshall Mend 2071 E. Packsaddle Dr.

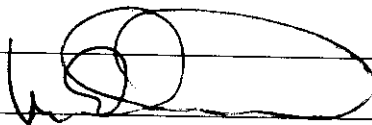
Coeur d'Alene Idaho 83815

5. Organized Under the Laws of:

IDAHO  
W 7764

6.

Signature



Date 12/30/05

Name (Typed or  
Printed)

Marshall Mend

Title Managing Member

Issued 11/01/2005

**Do Not Tape or Staple**

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