

No. W 49458		Due no later than Apr 30, 2017		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		KATHLEEN J E GLASEBROOK 625 RIDGE RD MOSCOW ID 83843	
		1. Mailing Address: Correct in this box if needed. SWEET TASTE OF THE PALOUSE, LLC KATHLEEN J E GLASEBROOK 625 RIDGE RD MOSCOW ID 83843		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	KATHLEEN J E GLASEBROOK	625 RIDGE RD	MOSCOW	ID	83843
MANAGER	DAVID S M GLASEBROOK	625 RIDGE RD	MOSCOW	ID	83843
5. Organized Under the Laws of: ID W 49458		6. Annual Report must be signed.* Signature: DSM Glasebrook Name (type or print): DSM Glasebrook Date: 02/22/2017 Title: Manager			
Processed 02/22/2017		* Electronically provided signatures are accepted as original signatures.			