| No. W 62583 | | Due no later than May 31, 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 1. Mailing Address: Correct in this box if needed. BESTNOTES, LLC NATHAN OLSEN PO BOX 5578 TWIN FALLS ID 83303 | | NATHAN P OLSEN 1341 FILLMORE SUITE 200 TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | | |
| 4. Limited Liability Com | panies: Enter Nar | mes and Addresses of | at least one Member or Manage | r. | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER | NATHAN P | OLSEN | PO BOX 5578 | | TWIN FALLS | ID | | 83303 |
| MEMBER | MATTHEW L | _ THOMPSON | PO BOX 5578 | | TWIN FALLS | ID | | 83303 |
| MEMBER | ENOCH S O | LSEN | PO BOX 5578 | | TWIN FALLS | ID | | 83303 |
| MEMBER | REUBEN S (| DLSEN | PO BOX 5578 | | TWIN FALLS | ID | | 83303 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 62583 | | Signature: Nathan Olsen | | Date: 04/24/2017 | | | | |
| | | Name (type or print): Nathan Olsen | | | Title: Member | | | |
| Processed 04/24/2017 | _ | * Electronically provide | led signatures are accepted as o | riginal sign | atures. | • | • | |