

No. <b>W 99066</b>		Due no later than Dec 31, 2013		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  CHEF SHANE'S WELL SEASONED CATERING LLC SHANE P O'DELL 1875 PEGGY'S LANE IDAHO FALLS ID 83402 USA		INFANGER INSURANCE INC 329 S WOODRUFF AVE IDAHO FALLS ID 83401			
				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	SHANE P O'DELL	1900 PARKWOOD ST APT C303	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:  <b>ID W 99066</b>		6. Annual Report must be signed.* Signature: Shane Odell Name (type or print): Shane Odell Date: 01/02/2014 Title: Manager					
Processed 01/02/2014		* Electronically provided signatures are accepted as original signatures.					