

No.

W 7764

Due no later than January 31, 2007

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 83815~~
2071 E. Packsaddle Dr.
Coeur d'Alene, ID 83815

MARSHALL MEND

~~157 HAYDEN AVE STE 104~~
~~HAYDEN ID 83815~~

2071 E Packsaddle Dr.
Coeur d'Alene, ID 83815

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

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

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Marshall Mend	2071 E. Packsaddle Dr.	Coeur d'Alene	Idaho	83815

5. Organized Under the Laws of:
IDAHO
W 7764

6.

Signature

Date

1-4-07

Name

(Typed or Printed)

Marshall E. Mend

Title

Manager

Issued 11/01/2006

Do Not Tape or Staple

200701006101