No. W 49458		Due no later than Apr 30, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Addr SWEET TASTE OF KATHLEEN JE GL 625 RIDGE RD	Annual Report Form 1. Mailing Address: Correct in this box if needed. SWEET TASTE OF THE PALOUSE, LLC KATHLEEN J E GLASEBROOK		KATHLEEN J E GLASEBROOK 625 RIDGE RD MOSCOW ID 83843 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		mes and Addresses of at least one Member or Manager.					
22 22 2	er Names and Addresses of	11 70	Cit.	Ctata	C	Dantal Carlo	
MANAGER KATHL	EEN JE GLASEBROOK SM GLASEBROOK	Street or PO Address 625 RIDGE RD 625 RIDGE RD	City MOSCOW MOSCOW	State ID ID	Country USA USA	Postal Code 83843 83843	
5. Organized Under the Laws of:	6. Annual Report mu	6. Annual Report must be signed.*					
ID	Signature: Kathle	Signature: Kathleen J.E. Glasebrook Date: 02/12/2009					
W 49458	Name (type or pri	Name (type or print): Kathleen J.E. Glasebrook		Title: Manager			
Processed 02/12/2009	* Electronically provide	* Electronically provided signatures are accepted as original signatures.					