

No. <b>W 49458</b>		<b>Due no later than Apr 30, 2011</b> <b>Annual Report Form</b>		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>1. Mailing Address: Correct in this box if needed.</b>  SWEET TASTE OF THE PALOUSE, LLC KATHLEEN J E GLASEBROOK 625 RIDGE RD MOSCOW ID 83843		KATHLEEN J E GLASEBROOK 625 RIDGE RD MOSCOW ID 83843			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	USA	83843	
MANAGER	DAVID S M GLASEBROOK	625 RIDGE RD	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:  <b>ID</b> <b>W 49458</b>		6. Annual Report must be signed.*  Signature: DSM Glasebrook Name (type or print): DSM Glasebrook					
		Date: 02/19/2011 Title: Manager					
Processed 02/19/2011      * Electronically provided signatures are accepted as original signatures.							