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| No. W 118600 | Due no later than Oct 31, 2013 Annual Report Form | | 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 | 1. Mailing Address: Correct in this box if needed. BEST CHARITY NETWORK, LLC PETE S SIMPSON PO BOX 6160 BOISE ID 83707 USA | | JEDD JONES 2503 W BARBERRY LN IDAHO FALLS ID 83402 | | | |
| | | | 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 | PETE S SIMPSON | 3622 N STONE CREEK WAY | BOISE | ID | USA | 83703 |
| 5. Organized Under the Laws of: ID W 118600 | 6. Annual Report must be signed.* Signature: Pete S Simpson Name (type or print): Pete S Simpson | | Date: 08/28/2013 Title: Manager | | | |
| Processed 08/28/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | |