

No. <b>W 114674</b>		<b>Due no later than Jun 30, 2015</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>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>  EAT N TREAT, LLC LORNA HAMILTON PO BOX 1902 COEUR D ALENE ID 83816 USA		LORNA HAMILTON 417 SOUTH 19TH STREET COEUR D ALENE ID 83814	
				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	LORNA HAMILTON	417 SOUTH 19TH STREET	COEUR D ALENE	ID	USA 83814
5. Organized Under the Laws of:  <b>ID W 114674</b>		6. Annual Report must be signed.* Signature: Lorna Hamilton Name (type or print): Lorna Hamilton Date: 04/23/2015 Title: manager			
Processed 04/23/2015		* Electronically provided signatures are accepted as original signatures.			