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|--|-----------------|---|-------|---|---------|------------------|--|
| No. W 85939 | | Due no later than Aug 31, 2014 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. CC'S CATERING, LLC CONNIE MAGNUSON 1457 W STAFFORD DR EAGLE ID 83616 | | CONNIE MAGNUSON 1457 W STAFFORD DR EAGLE ID 83616 | | | |
| | | | | 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 | CONNIE MAGNUSON | 1457 W. STAFFORD DR | EAGLE | ID | USA | 83616 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 85939 | | Signature: Connie Magnuson | | | | Date: 09/09/2014 | |
| | | Name (type or print): Connie Magnuson | | | | Title: Manager | |
| Processed 09/09/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |