

No. W 114674		Due no later than Jun 30, 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		1. Mailing Address: Correct in this box if needed. 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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name LORNA HAMILTON	Street or PO Address 417 SOUTH 19TH STREET		City COEUR D ALENE	State ID	Country USA	Postal Code 83814
5. Organized Under the Laws of: ID W 114674		6. Annual Report must be signed.* Signature: Lorna Hamilton Name (type or print): Lorna Hamilton Date: 05/01/2013 Title: Manager					
Processed 05/01/2013 * Electronically provided signatures are accepted as original signatures.							