

No. W 137553	Due no later than May 31, 2015 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) WILLIAM MOATS\ 7350 GARY LN BOISE ID 83714																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. PAMELA'S CATERING LLC PAMELA WILLETT 7350 GARY LN BOISE ID 83714	3. <u>New</u> Registered Agent Signature.																																		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table border="0"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">Pamela Willett 7350 Gary Ln, Boise, ID 83714</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Pamela Willett 7350 Gary Ln, Boise, ID 83714						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>								
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5. Organized Under the Laws of: IDAHO W 137553	6. Signature: <u>Pamela Willett</u> Date: <u>5/30/15</u> Name (type or print): <u>Pamela Willett</u> Title: <u>owner</u>																																				