| No. W 155259 | | Due no later than Aug 31, 2017 | | 2. Re | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|------|---|----------------------|--------------|--|-------|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. PAPA'S DISTRIBUTING, LLC AARON PERRY 2035 N CLOVERDALE RD | | 20 | AARON PERRY 2035 N CLOVERDALE RD BOISE ID 83714-8371 | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | BOISE ID 83713 mes and Addresses of at least one Member or Manager. | | 3. <u>Ne</u> | 3. <u>New</u> Registered Agent Signature:* | | | | |
| Office Held | Name | nes and Addresses of a | Street or PO Address | City | , | State | Country | Postal Code | |
| MEMBER AARON M PER | | ERRY | 2035 N CLOVERDALE RD | BOI | | ID | USA | 83714 | |
| 5. Organized Under the Laws of: ID W 155259 | | 6. Annual Report must be signed.* Signature: Aaron Perry Name (type or print): Aaron Perry | | | Date: 08/31/2017 Title: Owner | | | | |
| Processed 08/31/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | | |