

No. W 110160	Due no later than Jan 31, 2017 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SIMPLE EATS LLC MAGEN GOFORTH 504 MAIN ST STE 201 LEWISTON ID 83501		GAIL GOFORTH 920 B MAGNOLIA ST LEWISTON ID 83501			
			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	MAGEN RAE GOFORTH	723 16TH AVE	CLARKSTON	WA	USA	99403
5. Organized Under the Laws of: ID W 110160	6. Annual Report must be signed.* Signature: Magen Goforth Name (type or print): Magen Goforth		Date: 12/14/2016 Title: Member			
Processed 12/14/2016		* Electronically provided signatures are accepted as original signatures.				