| No. **W 22882** | **Due no later than Feb 28, 2014** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF<br>RECEIVED BY DUE DATE** | **Annual Report Form**<br><br>**1. Mailing Address: Correct in this box if needed.**<br><br>PORTHILL MERCANTILE & BISTRO LLC<br>TREVELYN  SHEPPARD<br>108 TRADING POST ROAD<br>BONNERS FERRY ID  83805 | TREVELYN  SHEPPARD<br>108 TRADING POST ROAD<br>BONNERS FERRY ID  83805<br><br>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 | MICHAEL  E  SHEPPARD SR | 51610 BARSKSDALE DRIVE | NIKISKI | AK | USA | 99635 |
| MANAGER | TREVELYN  SHEPPARD | 5764 HMY 1 | BONNERS FERRY | ID | USA | 83805 |
| MANAGER | MICHAEL  E  SHEPPARD | 108 TRADING POST RD | BONNERS FERRY | ID | USA | 83805 |
| MANAGER | YVONNE  R  SHEPPARD | 108 TRADING POST RD | BONNERS FERRY | ID | USA | 83805 |

| 5. Organized Under the Laws of:<br><br>**ID**<br>**W 22882** | 6. Annual Report must be signed.*<br>Signature: Yvonne Sheppard<br>Name (type or print): Yvonne Sheppard | Date: 12/16/2013<br>Title:  Owner/Manager |
|---|---|---|
| Processed 12/16/2013 | * Electronically provided signatures are accepted as original signatures. | |