

No. W 92848	Due no later than Apr 30, 2016 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. OUR BEST BITES LLC SARA WELLS 3165 S DONNINGTON PL EAGLE ID 83616		SARA M WELLS 3165 S DONNINGTON PL EAGLE ID 83616			
			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	KATE JONES	115 FAIRMOUNT STREET	PINEVILLE	LA	USA	71360
MANAGER	SARA M WELLS	3165 S DONNINGTON PL	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 92848	6. Annual Report must be signed.* Signature: sara wells Name (type or print): sara wells		Date: 02/22/2016 Title: manager			
Processed 02/22/2016		* Electronically provided signatures are accepted as original signatures.				