

No. W 99066	Due no later than Dec 31, 2015 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.		INFANGER INSURANCE INC 329 S WOODRUFF AVE IDAHO FALLS ID 83401			
	CHEF SHANE'S WELL SEASONED CATERING LLC SHANE P O'DELL 1875 PEGGY'S LANE IDAHO FALLS ID 83402		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	SHANE P O'DELL	1875 PEGGY'S LANE	IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of: ID W 99066		6. Annual Report must be signed.* Signature: Shane O'Dell Name (type or print): Shane O'Dell Date: 02/01/2016 Title: Managing Member				
Processed 02/01/2016		* Electronically provided signatures are accepted as original signatures.				