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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------|---------------------|
| No. <b>W 23066</b>                                                                                                                                     |                  | <b>Due no later than Mar 31, 2017</b>                                                                                                                                   |          | 2. Registered Agent and Address <b>(NO PO BOX)</b> |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>COFFEE COW LLC<br>SHARLA K. HUBBARD<br>1441 G ST<br>LEWISTON ID 83501 |          | SHARLA HUBBARD<br>1441 G ST<br>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 |
| MEMBER                                                                                                                                                 | SHARLA K HUBBARD | 447 CRESTLINE CIRCLE DR                                                                                                                                                 | LEWISTON | ID                                                 | 83501               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 23066</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: SHARLA HUBBARD<br>Name (type or print): SHARLA HUBBARD<br>Date: 01/23/2017<br>Title: Member                             |          |                                                    |                     |
| Processed 01/23/2017                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                               |          |                                                    |                     |