No. **W 30896**	**Due no later than May 31, 2014** **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.** OCTOBERSBEST, LLC ALBERTO CARIAGA 974 N SNEAD PLACE EAGLE ID 83616	ALBERTO CARIAGA 974 N SNEAD PLACE EAGLE ID 83616 3. New 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	ALBERTO CARIAGA	974 SNEAD PLACE	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 30896**	Signature: Alberto Cariaga Name (type or print): Alberto Cariaga	Date: 05/12/2014 Title: Member

Processed 05/12/2014

* Electronically provided signatures are accepted as original signatures.