No. W 110993		Due no later than Feb 28, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. PIZZA PIE CAFE REXBURG LLC MANDIRHE TOMLINSON 2975 W EXECUTIVE PKWY Suite 172 LEHI UT 84043		MATT E SMITH 2725 LITTLETOWN DR REXBURG 83440 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	ınies: Enter Naı	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	MATT E SMITH		2725 LITTLETOWN DR		REXBURG	ID	USA	83440
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: MandiRhe Tomlinson Date: 12/15/2014						
W 110993		Name (type or print): MandiRhe Tomlinson Title: Bookkeeper					•	
Processed 12/15/2014 * Electronically provided signatures are accepted as original signatures.								