| No. **W 92848** | **Due no later than Apr 30, 2014** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **Annual Report Form**<br>**1. Mailing Address: Correct in this box if needed.**<br>OUR BEST BITES LLC<br>SARA WELLS<br>3165 S DONNINGTON AVE<br>EAGLE ID 83616<br>USA | SARA M WELLS<br>3165 S DONNINGTON AVE<br>EAGLE ID 83616<br><br>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 | KATE JONES | 115 FAIRMOUNT STREET | PINEVILLE | LA | USA | 71360 |
| MANAGER | SARA M WELLS | 2698 N CHRISTIAN WAY | MERIDIAN | ID | USA | 83646 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 92848** | Signature: Sara Wells | Date: 05/04/2014 |
| | Name (type or print): Sara Wells | Title: Co-owner |

Processed 05/04/2014

* Electronically provided signatures are accepted as original signatures.