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| No. W 114674 | | Due no later than Jun 30, 2014 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. EAT N TREAT, LLC LORNA HAMILTON PO BOX 1902 COEUR D ALENE ID 83816 USA | | LORNA HAMILTON 417 SOUTH 19TH STREET COEUR D ALENE ID 83814 | |
| | | | | 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 | LORNA HAMILTON | 417 SOUTH 19TH STREET | COEUR D ALENE | ID | USA 83814 |
| 5. Organized Under the Laws of: ID W 114674 | | 6. Annual Report must be signed.* Signature: Lorna Hamilton Name (type or print): Lorna Hamilton Date: 04/13/2014 Title: Manager | | | |
| Processed 04/13/2014 | | * Electronically provided signatures are accepted as original signatures. | | | |