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| No. W 84454 | Due no later than Jun 30, 2015 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) JULIE PAYNE 360 N 2ND W BLOOMINGTON ID 83223 |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. SNACK QUENCHER'S LLC JULIE PAYNE PO BOX 266 BLOOMINGTON ID 83223 | | 3. <u>New</u> Registered Agent Signature. |

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code |
|---|-------------|----------------------|-------------|-------|---------|-------------|
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Julie Payne | 360 N 2nd W | Bloomington | Idaho | | 83223 |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |

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|--|--|---|-----------------|--------------------------------|-----------------|
| 5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 84454 </div> | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 6-6-15 </td> </tr> <tr> <td> Name (type or print): _____ </td> <td> Title: _____ </td> </tr> </table> | Signature:  | Date: 6-6-15 | Name (type or print): _____ | Title: _____ |
| Signature:  | Date: 6-6-15 | | | | |
| Name (type or print): _____ | Title: _____ | | | | |

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