

No. W 105083	Due no later than Jul 31, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) SHARON COONS 5922 SOUTH SLOPE RD EMMETT ID 83617																																			
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. DON'S MEATS, LLC 5922 SOUTH SLOPE RD EMMETT ID 83617		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>SHARON COONS</td> <td>5922 W. SO SLOPE RD.</td> <td>EMMETT</td> <td>IDAHO</td> <td></td> <td>83617</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>PENNY COONS</td> <td>5922 W. SO SLOPE RD.</td> <td>EMMETT,</td> <td>IDAHO</td> <td></td> <td>83617</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	SHARON COONS	5922 W. SO SLOPE RD.	EMMETT	IDAHO		83617	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	PENNY COONS	5922 W. SO SLOPE RD.	EMMETT,	IDAHO		83617	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; font-size: 1.2em;"> IDAHO W 105083 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;"> Signature: <i>Sharon Coons</i> </td> <td style="width: 30%; border-bottom: 1px solid black;"> Date: 5-19-13 </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Name (type or print): SHARON COONS </td> <td style="border-bottom: 1px solid black;"> Title: OWNER </td> </tr> </table>			Signature: <i>Sharon Coons</i>	Date: 5-19-13	Name (type or print): SHARON COONS	Title: OWNER																															
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Issued 05/14/2013 by LJC

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM