

No. **W 7764**

**Due no later than January 31, 2005
Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

BESTOF, LIMITED LIABILITY COMPANY
MARSHALL MEND
157 HAYDEN AVE STE 104
HAYDEN, ID 83835

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157 HAYDEN AVE STE 104
HAYDEN, ID 83835

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. **Limited Liability Companies: Enter Names and Addresses of Managers.**

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Managing Member	Marshall Mend	2071 E. Packsaddle Dr.	Coeur d'Alene	Idaho	83815

5. Organized Under the Laws of:

IDAHO
W 7764

6.

Signature



Date 11/19/04

Name

(Typed or
Printed)

Marshall Mend

Title Managing Member

Issued 11/01/2004

Do Not Tape or Staple

2.00501E+11