No. **W 27534**	**Due no later than Dec 31, 2012** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** CAFE TRINITY LLC CLAUDIA DICK 68 HARBOR VIEW DR SAGLE ID 83860	CLAUDIA DICK 68 HARBOR VIEW DR SAGLE ID 83860 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	CLAUDIA DICK	68 HARBOR VIEW DR	SAGLE	ID	USA	83860
MEMBER	MELVIN DICK	68 HARBOR VIEW DR	SAGLE	ID	USA	83860

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 27534**	Signature: Claudia Dick	Date: 12/10/2012
	Name (type or print): Claudia Dick	Title: Manager

Processed 12/10/2012

* Electronically provided signatures are accepted as original signatures.