

No. <b>W 30896</b>		Due no later than May 31, 2015 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> OCTOBERSBEST, LLC ALBERTO CARIAGA 974 N SNEAD PLACE EAGLE ID 83616		ALBERTO CARIAGA 974 N SNEAD PLACE EAGLE ID 83616	
				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	ALBERTO CARIAGA	974 N SNEAD PLACE	EAGLE	ID	83616
5. Organized Under the Laws of:  <b>ID W 30896</b>		6. Annual Report must be signed.* Signature: ALBERTO Name (type or print): ALBERTO Date: 05/19/2015 Title: CARIAGA			
Processed 05/19/2015		* Electronically provided signatures are accepted as original signatures.			