

No. W 84454	Due no later than Jun 30, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JULIE PAYNE 656 MADSEN LANE 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	P.O. Box 266	656 Madsen Ln.		ID.	USA. 83223 83223
Manager <input type="checkbox"/> Member <input type="checkbox"/>			Bloomington			
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

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%; padding: 5px;"> Signature: <u>Julie Payne</u> Name (type or print): <u>Julie Payne</u> </td> <td style="width: 40%; padding: 5px;"> Date: _____ Title: <u>Manager</u> <u>Manager</u> </td> </tr> </table>	Signature: <u>Julie Payne</u> Name (type or print): <u>Julie Payne</u>	Date: _____ Title: <u>Manager</u> <u>Manager</u>
Signature: <u>Julie Payne</u> Name (type or print): <u>Julie Payne</u>	Date: _____ Title: <u>Manager</u> <u>Manager</u>		

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