No. <b>W 149439</b> Return to:		Due no later than Mar 31, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  2 BITS PIZZA LLC CHAD BITTNER 5036 W. BEL AIR ST. BOISE ID 83705		2.	Registered Agent and Address (NO PO BOX)  CHAD BITTNER     5036 W. BEL AIR ST. BOISE ID 83705  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Cor	npanies: Enter Nai	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	(	City	State	Country	Postal Code
MANAGER CHAD BITTNER		IER	5036 W. BEL AIR ST.	Е	OISE	ID	USA	83705
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Chad Bittner			Date: 04/19/2016			
W 149439		Name (type or print): Chad Bittner			Title: Franchisee			
Processed 04/19/2016 * Electronically provided signatures are accepted as original signatures.								