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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------|---------------------|
| No. <b>W 82894</b>                                                                                                                                     |                   | <b>Due no later than Apr 30, 2014</b>                                                                                                                                               |              | 2. Registered Agent and Address <b>(NO PO BOX)</b>                   |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>PAPAS MINI DONUTS LLC<br>BARBARA J BILLMAN<br>PO BOX 344<br>PRIEST RIVER ID 83856 |              | RICKY A BILLMAN<br>2190 OLD PRIEST RIVER RD<br>PRIEST RIVER ID 83856 |                     |
|                                                                                                                                                        |                   |                                                                                                                                                                                     |              | 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 |
| MEMBER                                                                                                                                                 | BARBARA J BILLMAN | PO BOX 344                                                                                                                                                                          | PRIEST RIVER | ID                                                                   | USA 83856           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 82894</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: Barbara Billman<br>Name (type or print): Barbara Billman<br>Date: 04/26/2014<br>Title: Owner                                        |              |                                                                      |                     |
| Processed 04/26/2014                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                           |              |                                                                      |                     |