No. **W 7764**	**Due no later than Jan 31, 2013** **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.** BESTOF, LIMITED LIABILITY COMPANY MARSHALL E MEND 2071 E PACKSADDLE DR COEUR D ALENE ID 83815 USA	MARSHALL MEND 2071 E PACKSADDLE DR COEUR D'ALENE ID 83815 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	MARSHALL E MEND	2071 E PACKSADDLE DR	COEUR D'ALENE	ID	USA	83815

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 7764**	Signature: Marshall E Mend	Date: 01/02/2013
	Name (type or print): Marshall E Mend	Title: Manager

Processed 01/02/2013

* Electronically provided signatures are accepted as original signatures.