No. C 158	1/2E		Due no later than Jan 31, 2012	2 Pagistared Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			THOMAS D SMITH			
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.			300 N 7TH AVE			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		SEVEN-ELEVEN (7/11) MOTEL/HOTEL, INC. THOMAS D SMITH 300 N 7TH AVE		POCATELLO II	POCATELLO ID 83201			
		POCATELLO ID 83201 USA		3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter I	Names and Busin	ess Addresses	of President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	SHARON GO	ULD	38 W. 400 S.	LOGAN	UT	USA	84321	
DIRECTOR	MARK T HIN	NDS	540 S. 800 E.	RIVER HEIGHTS	UT	USA	84321	
TREASURER	MARK T HIN	NDS	540 S. 800 E.	RIVER HEIGHTS	UT	USA	84321	
SECRETARY	SHARON GO	ULD	38 W. 400 S.	LOGAN	UT	USA	84321	
DIRECTOR	MERRILL J (GOULD	38 W. 400 S.	LOGAN	UT	USA	84321	
PRESIDENT	MARK T HIN	NDS	540 S. 800 E.	RIVER HEIGHTS	UT	USA	84321	
5. Organized Under the Laws of:		6. Annual Rer	port must be signed.*					
ID C 158435		Signature: Mark T. Hinds			Date: 11/19/2011			
		Name (type or print): Mark T. Hinds			Title: President			
Processed 11/19/2011		* Electronically	y provided signatures are accepted as original	al signatures.				