

|                                                                                                                                                        |               |                                                                                                                                              |            |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 55061</b>                                                                                                                                     |               | <b>Due no later than Oct 31, 2016</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>1. Mailing Address: Correct in this box if needed.</b><br>CANYON CREST DINING L.L.C.<br>DANIEL L WILLIE<br>1017 S 1150 E<br>EDEN ID 83325 |            | DAN WILLIE<br>1017 S 1150 E<br>EDEN ID 83325       |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                              |            | 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 |  |
| MANAGER                                                                                                                                                | DAN WILLIE    | 1017 S 1150 E                                                                                                                                | EDEN       | ID                                                 | USA     | 83325       |  |
| MANAGER                                                                                                                                                | SONJA WILLIE  | 1017 S 1150 E                                                                                                                                | EDEN       | ID                                                 | USA     | 83325       |  |
| MEMBER                                                                                                                                                 | MONT WILLIE   | 2837 LEEANN DR                                                                                                                               | TWIN FALLS | ID                                                 | USA     | 83301       |  |
| MEMBER                                                                                                                                                 | TROY D WILLIE | 4036 N. 3320 E.                                                                                                                              | TWIN FALLS | ID                                                 | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><b>ID</b><br><b>W 55061</b>                                                                                         |               | 6. Annual Report must be signed.*<br>Signature: John H. Yon<br>Name (type or print): John H. Yon<br>Date: 08/30/2016<br>Title: CFO           |            |                                                    |         |             |  |
| Processed 08/30/2016                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                    |            |                                                    |         |             |  |