

|  |                 |   |            |   |                     |
|--|-----------------|---|------------|---|---------------------|
| No. <b>W 68694</b>   |                 | <b>Due no later than Nov 30, 2017</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>MAGIC VALLEY WATERING HOLE, LLC<br>LYNNETTE MCKEAN<br>702 RIVER VIEW DRIVE<br>TWIN FALLS ID 83301 |            | LYNNETTE MCKEAN<br>702 RIVER VIEW DRIVE<br>TWIN FALLS ID 83301-8330 |                     |
|  |                 |   |            | 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   | LYNNETTE MCKEAN | 702 RIVER VIEW DRIVE  | TWIN FALLS | ID  | USA 83301           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 68694</b>   |                 | 6. Annual Report must be signed.*<br>Signature: Lynette Mckean<br>Name (type or print): Lynette Mckean<br>Date: 09/19/2017<br>Title: Owner  |            |   |                     |
| Processed 09/19/2017   |                 | * Electronically provided signatures are accepted as original signatures.   |            |   |                     |