

|  |                |   |      |  |         |             |  |
|--|----------------|---|------|--|---------|-------------|--|
| No. <b>W 65032</b>   |                | <b>Due no later than Jul 31, 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>POKERWIDOW LLC<br>1096 NORTH EASTLAND DRIVE<br>SUITE 200<br>TWIN FALLS ID 83301 |      | WILLIAM L DUKE<br>2631 N 3300 W<br>ARCO ID 83213   |         |             |  |
|  |                |   |      | 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   | WILLIAM L DUKE | 2631 N 3300 W   | ARCO | ID   | USA     | 83213       |  |
| MEMBER   | LEOLA A DUKE   | 2631 N 3300 W   | ARCO | ID   | USA     | 83213       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 65032</b>   |                | 6. Annual Report must be signed.*<br>Signature: Nicole Wilson<br>Name (type or print): Nicole Wilson<br>Date: 05/13/2014<br>Title: Bookkeeper                                     |      |  |         |             |  |
| Processed 05/13/2014   |                | * Electronically provided signatures are accepted as original signatures.   |      |  |         |             |  |