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| No. W 84297 | | Due no later than May 31, 2010 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO'S FIVE STAR CONCESSIONS, LLC WILLIAM LOVERDE 4096 W GILLETTE DR MERIDIAN ID 83642 | | WILLIAM LOVERDE 4096 W GILLETTE DR MERIDIAN ID 83642 | |
| | | | | 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 |
| MANAGER | HEATHER LOVERDE | 4096 W. GILLETTE DR. | MERIDIAN | ID | USA |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | |
| ID W 84297 | | Signature: William Loverde | | Date: 03/17/2010 | |
| | | Name (type or print): William Loverde | | Title: Manager | |
| Processed 03/17/2010 | | * Electronically provided signatures are accepted as original signatures. | | | |