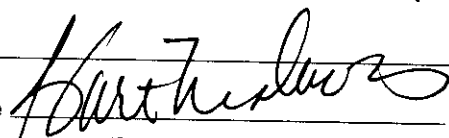


No. <b>W 14982</b>	<b>Due no later than Apr 30, 2002 Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable		BART M DAVIS 696 S BELLIN RD  IDAHO FALLS, ID 83402													
	LUCKY 7, LLC  PO BOX 50660  IDAHO FALLS, ID 83405															
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Todd Birch</td> <td>1513 Lowell Dr.</td> <td>Idaho Falls</td> <td>ID</td> <td>83402</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Todd Birch	1513 Lowell Dr.	Idaho Falls	ID	83402
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Manager	Todd Birch	1513 Lowell Dr.	Idaho Falls	ID	83402											
5. Organized Under the Laws of:  IDAHO W 14982		6.  Signature _____ Date <u>3/29/2002</u> Name <small>(Typed or Printed)</small> <u>Bart M. Davis</u> Title <u>Registered Agent</u>														

Issued 02/04/2002

**Do Not Tape or Staple**

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