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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 963</b>                                                                                                                                       |                  | <b>Due no later than Mar 31, 2010</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><br>SHADY NOOK RESTAURANT, L.L.C. (THE)<br>MARNIE FINNEMORE<br>501 RIVERFRONT DR<br>SALMON ID 83467<br>USA |        | MARNIE KEAVNEY<br>501 RIVERFRONT DR<br>SALMON ID 83467 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                         |        | 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                                                                                                                                                | MARNIE FINNEMORE | 501 RIVERFRONT DRIVE                                                                                                                                                    | SALMON | ID                                                     | USA     | 83467       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 963</b>                                                                                             |                  | 6. Annual Report must be signed.*<br>Signature: Marnie Finnemore<br>Name (type or print): Marnie Finnemore<br>Date: 04/09/2010<br>Title: Owner                          |        |                                                        |         |             |  |
| Processed 04/09/2010                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                               |        |                                                        |         |             |  |