No. W 132691		Due no later than Jan 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		SCOTT OVNICEK			
SECRETARY OF STATE	1. Mailin	1. Mailing Address: Correct in this box if needed. PAUL BUNYAN RESTAURANTS #005 LLC SCOTT OVNICEK 6020 E POLELINE POST FALLS ID 83854		6020 E POLELINE POST FALLS ID 83854			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SCOTT O						
	POST FALI			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	er Names and Addre	esses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER TARA	OVNICEK	6020 E. POLELINE	POST FALLS	ID	USA	83854	
MANAGER SCOTT	OVNICEK	6020 E. POLELINE	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:	6. Annual Re	port must be signed.*					
l ID	Signature	: Scott Ovnicek	Date: 11	Date: 11/13/2015			
W 132691	Name (typ	e or print): Scott Ovnicek	Title: M	Title: Managing Member			
Processed 11/13/2015	* Electronical	* Electronically provided signatures are accepted as original signatures.					