| No. W 21250 | Due no later than Nov 30, 2017 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|-----------------|--|---------|-------------|--|
| Return to: | A | Annual Report Form | | KEVIN S KAMBITSCH | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. LUCKY 7 SALOON L.L.C. KEVIN KAMBITSCH PO BOX 541 POTLATCH ID 83855 USA | | ONAWAY ID | 340 ONAWAY RD ONAWAY ID 83855 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Companies: Enter N | lames and Addresses of | of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER KEVIN SC | OTT KAMBITSCH | 509 PINE ST PO BOX 541 | POTLATCH | ID | USA | 83855 | |
| 5. Organized Under the Laws of: | der the Laws of: 6. Annual Report must be signed.* | | | | | | |
| ID | Signature: kevin | Signature: kevin s kambitsch | | Date: 09/26/2017 | | | |
| W 21250 | Name (type or print): kevin s kambitsch | | | Title: OWNER | | | |
| Processed 09/26/2017 | * Electronically prov | * Electronically provided signatures are accepted as original signatures. | | | | | |