No. W 132734		Due no later than Jan 31, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		DORI LUCAS				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LEWISTON RESTAURANT, LLC GARY HUGHES 617 SYCAMORE ST CLARKSTON WA 99403		615 21ST ST LEWISTON ID 83501 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Con	npanies: Enter Nai	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	GARY C HUGHES		617 SYCAMORE ST		CLARKSTON	WA	USA	99403
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
NV		Signature: Kassondra Hayes			Date: 01/19/2017			
W 132734		Name (type or print): Kassondra Hayes			Title: CFO			
Processed 01/19/2017 * Electronically provided signatures are accepted as original signatures.								