

|                                                                                                                                                        |               |                                                                                                                                           |         |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------|---------|-------------|--|
| No. <b>C 36245</b>                                                                                                                                     |               | <b>Due no later than Mar 31, 2017</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>PIONEER SALOON, INC.<br>DUFFY WITMER<br>P.O. BOX 986<br>KETCHUM ID 83340 |         | DUFFY WITMER<br>13306 HWY 75<br>SUN VALLEY ID 83353 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                           |         | 3. <u>New</u> Registered Agent Signature:*          |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |               |                                                                                                                                           |         |                                                     |         |             |  |
| Office Held                                                                                                                                            | Name          | Street or PO Address                                                                                                                      | City    | State                                               | Country | Postal Code |  |
| SECRETARY                                                                                                                                              | SHEILA WITMER | P.O. BOX 129                                                                                                                              | KETCHUM | ID                                                  | USA     | 83340       |  |
| PRESIDENT                                                                                                                                              | DUFFY WITMER  | P.O. BOX 986                                                                                                                              | KETCHUM | ID                                                  | USA     | 83340       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 36245</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Duffy<br>Name (type or print): Duffy<br>Date: 01/27/2017<br>Title: Witmer                 |         |                                                     |         |             |  |
| Processed 01/27/2017                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                 |         |                                                     |         |             |  |