No. W 70089		Due no later than Jan 31, 2011		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MARY KILLINS-SOIGNIER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CAJUN CONCESSION LLC MARY KILLINS-SOIGNIER PO BOX 67 HAGERMAN ID 83332		BLISS ID	778 RIVER RD BLISS ID 83314 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	nies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	MARY KILLIN	NS-SOIGNIER	778 RIVER RD	BLISS	ID	USA	83314	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 70089		Signature: Mar		Date: 01/26/2011				
		Name (type or		Title: Manager				
Processed 01/26/2011	* Electronically provided signatures are accepted as original signatures.							