



No. <b>W 154482</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/15/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> TANYA L ELDREDGE 1854 E 3700 N FILER ID 83328																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> LUCKY-O, LLC 1854 E 3700 N FILER ID 83328		3. <u>New</u> Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%; text-align: left;">Manager or Member</th> <th style="width: 20%; text-align: left;">Name</th> <th style="width: 20%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country</th> <th style="width: 10%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Tanya Eldredge</td> <td>1854 E 3700 N</td> <td>Filer ID</td> <td>Twin Falls</td> <td></td> <td>83328</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Cody Eldredge</td> <td>1854 E 3700 N</td> <td>Filer ID</td> <td>Twin Falls</td> <td></td> <td>83328</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Tanya Eldredge	1854 E 3700 N	Filer ID	Twin Falls		83328	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Cody Eldredge	1854 E 3700 N	Filer ID	Twin Falls		83328	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 154482</b> </div>		6. Signature:  <hr/> Name (type or print): <u>Tanya Eldredge</u> <div style="float: right; text-align: right;">         Date: <u>3/31/17</u>          Title: <u>President MGR</u> </div>																																				
Issued 03/31/2017 by online																																						