| No. W 59235 | Due no later than February 28, 2009 | 2. Registered Agent and Office NO PO BOX |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Compan Office held Name | Annual Report Form 1. Mailing Address - Correct in this box. if applicable SELWAY BAR LLC 718 PLEASANT VALLEY RD STITES, ID 83552 ies: Enter Names and Addresses of Managers. Street or P.O. Address City | TIMOTHY B SHAFFER 26 N MAIN ST KOOSKIA, ID 83539 3. New Registered Agent Signature State Zip |
| Tim Shaffer OPERATOR Tim SHOPPER | | |
| 5. Organized Under the Laws of: IDAHO W 59235 | Signature Limethy B. Shaffel Name Princed Timothy B. SHAFER | 2 1 1 2 2 |
| Issued 12/01/2008 | Do Not Tape or Staple | 200902007832 |