

No. W 133291	Due no later than Jan 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. 70 CINEMAS, LLC GAROLD MAXFIELD 1079 S ANCONA AVE #110 EAGLE ID 83616		GAROLD MAXFIELD 1079 S ANCONA AVE #110 EAGLE 83616			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	GAROLD MAXFIELD	1920 S MAYFLOWER WAY	BOISE	ID	USA	83709
5. Organized Under the Laws of: ID W 133291	6. Annual Report must be signed.* Signature: Garold Maxfield Name (type or print): Garold Maxfield		Date: 11/19/2014 Title: Member			
Processed 11/19/2014		* Electronically provided signatures are accepted as original signatures.				