| No. <b>W 168317</b>  |                 | Due no later than Jun 30, 2017   |                                    | 2. Registered Agent and Address (NO PO BOX)          |                                     |       |         |             |
|--|-----------------|--|------------------------------------|--|-------------------------------------|-------|---------|-------------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                 | Annual Report Form  1. Mailing Address: Correct in this box if needed.  DEAD CENTER AMUSEMENT, LLC BILLY CROSLAND 242 RAVINE DR POCATELLO ID 83204 |                                    | BILLY CROSLAND 2201 IVAN AVE POCATELLO ID 83201-8320 |                                     |       |         |             |
|  |                 |  |                                    |  | 3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                 |  |                                    |  |                                     |       |         |             |
| 4. Limited Liability Compa   | nies: Enter Nar | mes and Addresse   | s of at least one Member or Manage | er.  |                                     |       |         |             |
| Office Held  | Name            |  | Street or PO Address               |  | City                                | State | Country | Postal Code |
| MEMBER BILLY CROSLAND  |                 | LAND   | 242 RAVINE DR                      |  | POCATELLO                           | ID    | USA     | 83204       |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*  |                                    |  |                                     |       |         |             |
| ID   |                 | Signature: Billy Crosland  |                                    | Date: 09/13/2017                                     |                                     |       |         |             |
| W 168317   |                 | Name (type or print): Billy Crosland   |                                    | Title: Owner/Operator                                |                                     |       |         |             |
| Processed 09/13/2017 * Electronically provided signatures are accepted as original signatures. |                 |  |                                    |  |                                     |       |         |             |