

No. W 73891	Due no later than 5/31/2009 Annual Report Form		2. Registered Agent and Address (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	1. Mailing Address: Correct in this box if needed. TWILIGHT LOUNGE, LLC <i>Marty & Twila Chacon</i> FERRELL BUTIKOFER <i>1730 Raymond Dr.</i> 1904 RIRIE CIR IDHAO FALLS ID 83404 <i>83402</i>		FERRELL BUTIKOFER <i>Twila Chacon</i> 1904 RIRIE CIR <i>1730 Raymond Dr.</i> IDHAO FALLS ID 83404 <i>83402</i> 3. New Registered Agent Signature: <i>Twila J Chacon, member</i>		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Zip
<i>Manager</i>	<i>Marty Chacon</i>	<i>1730 Raymond Dr.</i>	<i>Idaho Falls</i>	<i>ID</i>	<i>83402</i>
<i>manager</i>	<i>Twila Chacon</i>	<i>1730 Raymond Dr.</i>	<i>Idaho Falls</i>	<i>ID</i>	<i>83402</i>
5. Organized Under the Laws of: ID					
W 73891		6. Annual Report must be signed. Signature: <i>Twila J Chacon, member</i> Date: <i>6-10-09</i> Name(type or print): <i>Twila J Chacon, member</i> Title: <i>manager</i>			

Issued 6/5/2009 by CLH

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

BLOCK 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.