No. **W 963**	**Due no later than Mar 31, 2017** **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.** SHADY NOOK RESTAURANT, L.L.C. (THE) HARLAN E FINNEMORE 501 RIVERFRONT DR SALMON ID 83467	HARLAN E FINNEMORE 501 RIVERFRONT DR SALMON ID 83467 3. New 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	HARLAN E FINNEMORE	501 RIVERFRONT DR	SALMON	ID	USA	83467

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 963**	Signature: Harlan Finnemore	Date: 03/16/2017
	Name (type or print): Harlan Finnemore	Title: owner

Processed 03/16/2017

* Electronically provided signatures are accepted as original signatures.