

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 01-04-1992

No. 963 Return To Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Idaho Limited Liability Company Annual Report Form Due No Later Than November 30, 1995 1. Mailing Address - Please Correct if Not Correct SHADY NOOK RESTAURANT, L.L.C. (C) MICHAEL D. MCLAIN PO BOX 486 SALMON ID 83467	2. Registered Agent and Office: NOT A P.O. BOX MICHAEL D MCLAIN HIGHWAY 93 N SALMON ID 83467 3. Organized Under The Laws of ID NO: 963															
4. Names and Addresses of ☐ Managers or ☐ Members (check one) MUST BE PRINTED OR TYPED <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MICHAEL D. MCLAIN</td> <td>PO BOX 486</td> <td>SALMON</td> <td>ID</td> <td>83467</td> </tr> <tr> <td>MARNIE MCLAIN</td> <td>PO BOX 486</td> <td>SALMON</td> <td>ID</td> <td>83467</td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	MICHAEL D. MCLAIN	PO BOX 486	SALMON	ID	83467	MARNIE MCLAIN	PO BOX 486	SALMON	ID	83467
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5. Signature of the Current Registered Agent (if changed in block 2) _____	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Judith Anne Smith, Sec.</u> Date <u>7/29/95</u> Name (Typed or Printed) _____																