

No. <b>W 47822</b>	Due no later than Feb 28, 2017 <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JAY L BLACK 420 NORTH MAIN MALTA ID 83342																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> CATTLE COUNTRY STEAKHOUSE, LLC JAY L BLACK 420 NORTH MAIN MALTA ID 83342		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 25%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jay L. Black</td> <td>P.O. Box 135</td> <td>Almo</td> <td>Idaho</td> <td>USA</td> <td>83312</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jay L. Black	P.O. Box 135	Almo	Idaho	USA	83312	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">W 47822</div>		6. Signature: <u>Jay L. Black</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Name (type or print):  <u>Jay L. Black</u> </div> <div style="width: 35%;">           Date: <u>1/30/17</u>            Title: <u>owner</u>  <u>Manager</u> </div> </div>																																				
Issued 01/30/2017 by online																																						

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM