

|                                                                                                                                                        |            |                                                                                                                                        |             |                                                             |         |                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------|---------|-------------------------|--|
| No. <b>W 14982</b>                                                                                                                                     |            | <b>Due no later than Apr 30, 2011</b>                                                                                                  |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |         |                         |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |            | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>LUCKY 7, LLC<br>BART M. DAVIS<br>PO BOX 50660<br>IDAHO FALLS ID 83405 |             | BART M DAVIS<br>1075 S UTAH STE 322<br>IDAHO FALLS ID 83402 |         |                         |  |
|                                                                                                                                                        |            |                                                                                                                                        |             | 3. <u>New</u> 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                                                                                                                                                | TODD BIRCH | 984 W. RIVERVIEW DR.                                                                                                                   | IDAHO FALLS | ID                                                          | USA     | 83401                   |  |
| 5. Organized Under the Laws of:                                                                                                                        |            | 6. Annual Report must be signed.*                                                                                                      |             |                                                             |         |                         |  |
| <b>ID<br/>W 14982</b>                                                                                                                                  |            | Signature: Bart M. Davis                                                                                                               |             |                                                             |         | Date: 02/14/2011        |  |
|                                                                                                                                                        |            | Name (type or print): Bart M. Davis                                                                                                    |             |                                                             |         | Title: Registered Agent |  |
| Processed 02/14/2011                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                              |             |                                                             |         |                         |  |