

No. J 2009		Due no later than Aug 31, 2011 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		1. Mailing Address: Correct in this box if needed. S A M CONCESSIONS, L.L.P. SELENA A MACK 4437 W RED GRASS CT MERIDIAN ID 83646		SELENA A MACK 4437 W RED GRASS CT MERIDIAN ID 83646			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
PARTNER	SELENA A MACK	4437 W RED GRASS CT		MERIDIAN	ID	USA	83646
PARTNER	ANDREW A MACK	4437 W RED GRASS CT		MERIDIAN	ID	USA	83646
5. Organized Under the Laws of: ID J 2009		6. Annual Report must be signed.* Signature: SelenA Mack Name (type or print): SelenA Mack Date: 10/19/2011 Title: President					
Processed 10/19/2011 * Electronically provided signatures are accepted as original signatures.							