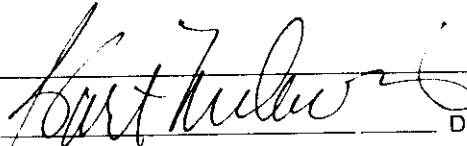


No. <b>W 14982</b>	<b>Due no later than Apr 30, 2003</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable <b>LUCKY 7, LLC</b>  PO BOX 50660  IDAHO FALLS, ID 83405		BART M DAVIS 696 S BELLIN RD  IDAHO FALLS, ID 83402  3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Todd Birch</td> <td>1513 Lowell Dr.</td> <td>Idaho Falls</td> <td>ID</td> <td>83402</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Todd Birch	1513 Lowell Dr.	Idaho Falls	ID	83402
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Todd Birch	1513 Lowell Dr.	Idaho Falls	ID	83402										
5. Organized Under the Laws of:  IDAHO W 14982	6.  Signature _____ Date <u>2/18/2003</u> Name (Typed or Printed) <u>Bart M. Davis</u> Title <u>Registered Agent</u>														