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|--|-------------------|--|----------|---|---------|-------------|--|
| No. W 89571 | | Due no later than Jan 31, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. GOOD CALL CONCESSIONS, LLC LYNNE SCHUYLER 708 RIDGE CIRCLE KIMBERLY ID 83341 USA | | LYNNE SCHUYLER 708 RIDGE CIRCLE KIMBERLY ID 83341 | | | |
| | | | | 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 | |
| MEMBER | STEVEN J SCHUYLER | 708 RIDGE CIR | KIMBERLY | ID | USA | 83341 | |
| MANAGER | LYNNE SCHUYLER | 708 RIDGE CIR | KIMBERLY | ID | USA | 83341 | |
| 5. Organized Under the Laws of: ID W 89571 | | 6. Annual Report must be signed.* Signature: Lynne Schuyler Name (type or print): Lynne Schuyler | | | | | |
| | | Date: 12/04/2013 Title: Manager | | | | | |
| Processed 12/04/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |