

No. <u>W 963</u>	Annual Report Form Due No Later Than November 30, <u>1996</u>		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct SHADY NOOK RESTAURANT, L.L.C. MICHAEL D MCLAIN PO BOX 486		MICHAEL D MCLAIN HIGHWAY 93 N SALMON ID 83467
* FIRST NOTICE *		SALMON ID 83467	ID W 963
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
<u>State</u>	<u>Zip</u>		
MANAGING AGENT	MICHAEL D MCLAIN	P.O. Box 9	Salmon
IDAHO	83467		
5. SIGNATURE OF CURRENT RA		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Michael D McLain</i></u> Date <u>July 22, 1996</u> Name <small>(Typed or Printed)</small> <u>MICHAEL D MCLAIN</u> Title <u>Reg. Managing Agent</u>	

ISSUED: 07-08-1996

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