

No. <b>W 76427</b>	<b>Due no later than Jul 31, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DEBBIE CAUDILL 1654 N 1ST AVE POCATELLO ID 83201
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. Mailing Address: Correct in this box if needed. MCDERMOTT'S BAR, LLC DEBBIE CAUDILL 1654 N 1ST AVE POCATELLO ID 83201 USA		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DEBBIE CAUDILL	1654 N 1ST AVE	POC, ID. BAN. 83201
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	CRAIG CAUDILL	1654 N 1ST AVE	POC. ID. BAN. 83201
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO W 76427</div>		6. Signature: <u>Debbie Caudill</u> Date: <u>8-12-12</u> Name (type or print): <u>Debbie Caudill</u> Title: <u>Member</u>	
Issued 08/08/2012 by KAH		106926	

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the