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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------|---------------------|
| No. <b>W 64359</b>                                                                                                                                     |             | <b>Due no later than Jul 31, 2010</b>                                                                                                                                                              |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>                             |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |             | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>HARRY'S MERIDIAN GRILL, LLC<br>STEVEN J SMOCK<br>2032 E OVERLAND RD STE 130<br>MERIDIAN ID 83642 |          | STEPHENSON S YOUNGERMAN III<br>2032 E OVERLAND RD STE 130<br>MERIDIAN ID 83642 |                     |
|                                                                                                                                                        |             |                                                                                                                                                                                                    |          | 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 |
| MANAGER                                                                                                                                                | STEVE SMOCK | 2032 E OVERLAND RD STE 130                                                                                                                                                                         | MERIDIAN | ID                                                                             | USA 83642           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 64359</b>                                                                                           |             | 6. Annual Report must be signed.*<br>Signature: Steven Smock<br>Name (type or print): Steven Smock<br>Date: 06/08/2010<br>Title: Manager                                                           |          |                                                                                |                     |
| Processed 06/08/2010                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                                                          |          |                                                                                |                     |