

| No. 050894  | Idaho Corporation Annual Report Form   |   | 2. Registered Agent and Office                           |       |                        |      |       |     |            |            |            |       |     |       |            |               |             |           |     |       |            |  |  |  |  |  |  |  |
|---|--|---|--|-------|------------------------|------|-------|-----|------------|------------|------------|-------|-----|-------|------------|---------------|-------------|-----------|-----|-------|------------|--|--|--|--|--|--|--|
| Return To<br>Secretary of State<br>Room 203, Statehouse<br>Boise, ID 83720<br>RECEIVED<br>SEC. OF STATE<br>87 JUL 10 AM 9 10  | Due No Later Than November 1, 1987   |   | TED KUBENA<br>4801 MALAD STREET<br>BOISE, IDAHO<br>83705 |       |                        |      |       |     |            |            |            |       |     |       |            |               |             |           |     |       |            |  |  |  |  |  |  |  |
|   | 1. Mailing Address — Please Correct 050894<br>T & O'S PIZZA, INC.<br>THEODORE KUBENA<br>4801 MALAD STREET<br>BOISE, IDAHO<br>83705 |   |  |       |                        |      |       |     |            |            |            |       |     |       |            |               |             |           |     |       |            |  |  |  |  |  |  |  |
| 4. Names and Addresses of Officers and Directors  |  |   | 3. Incorporated Under The Laws of                        |       |                        |      |       |     |            |            |            |       |     |       |            |               |             |           |     |       |            |  |  |  |  |  |  |  |
| <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>TED KUBENA</td> <td>4801 MALAD</td> <td>BOISE</td> <td>ID.</td> <td>83705</td> </tr> <tr> <td>Secretary:</td> <td>DIANE WIGGINS</td> <td>2460 DEERAN</td> <td>ID. FALLS</td> <td>ID.</td> <td>83401</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |  |   |  | Name  | Street or P.O. Address | City | State | Zip | President: | TED KUBENA | 4801 MALAD | BOISE | ID. | 83705 | Secretary: | DIANE WIGGINS | 2460 DEERAN | ID. FALLS | ID. | 83401 | Directors: |  |  |  |  |  | STATE OF IDAHO<br><br>ENTERED<br>JUL 21 1987 |  |
|   | Name   | Street or P.O. Address  | City   | State | Zip                    |      |       |     |            |            |            |       |     |       |            |               |             |           |     |       |            |  |  |  |  |  |  |  |
| President:  | TED KUBENA   | 4801 MALAD  | BOISE  | ID.   | 83705                  |      |       |     |            |            |            |       |     |       |            |               |             |           |     |       |            |  |  |  |  |  |  |  |
| Secretary:  | DIANE WIGGINS  | 2460 DEERAN   | ID. FALLS  | ID.   | 83401                  |      |       |     |            |            |            |       |     |       |            |               |             |           |     |       |            |  |  |  |  |  |  |  |
| Directors:  |  |   |  |       |                        |      |       |     |            |            |            |       |     |       |            |               |             |           |     |       |            |  |  |  |  |  |  |  |
| 5. Nature of Business   |  | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. |  |       |                        |      |       |     |            |            |            |       |     |       |            |               |             |           |     |       |            |  |  |  |  |  |  |  |
| REST.   |  | Signature <u>Ted Kubena</u> Date <u>7-9-87</u><br>Name (Typed or Printed) <u>TED KUBENA</u> Title <u>PRES</u>               |  |       |                        |      |       |     |            |            |            |       |     |       |            |               |             |           |     |       |            |  |  |  |  |  |  |  |

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