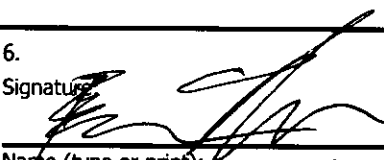
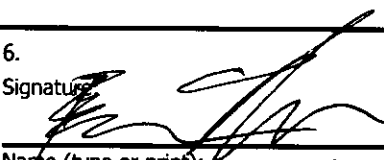
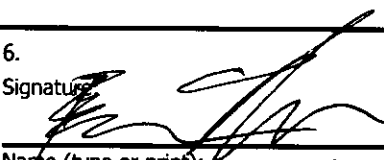


<b>No. W 91816</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2013</b>	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> BENJAMIN M THORPE <del>85 BARBARA DR</del> <del>MIDDLETON ID 83644</del> 407 E Spruce St Caldwell, Idaho 83605																																			
	1. Mailing Address: Correct in this box if needed. AMERICAN CAFE, LLC BENJAMIN M THORPE <del>500 S. MIDDLETON RD STE 106</del> MIDDLETON ID 83644 702 Main Street Caldwell, Id 83605	3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Benjamin M. Thorpe</td> <td>407 E Spruce</td> <td>Caldwell</td> <td>Ida</td> <td>USA</td> <td>83605</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Brenda L. Thorpe</td> <td>407 E Spruce</td> <td>Caldwell</td> <td>Id</td> <td>USA</td> <td>83605</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Benjamin M. Thorpe	407 E Spruce	Caldwell	Ida	USA	83605	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Brenda L. Thorpe	407 E Spruce	Caldwell	Id	USA	83605	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO W 91816</div>	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">           Signature:             Name (type or print): Benjamin Thorpe         </td> <td style="width: 40%;">           Date: 9/4/2013            Title: Member         </td> </tr> </table>		Signature:  Name (type or print): Benjamin Thorpe	Date: 9/4/2013 Title: Member																																	
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Issued 09/04/2013 by DK1

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM