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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 123449</b>                                                                                                                                    |             | <b>Due no later than Mar 31, 2018</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>1. Mailing Address: Correct in this box if needed.</b><br>MY FAMILY TRADITION SAUCE AND RUB COMPANY LLC<br>SCOTT R THARP<br>701 EAST 44TH STREET UNIT 11<br>GARDEN CITY ID 83714 |             | SCOTT R THARP<br>701 EAST 44TH STREET UNIT 11<br>GARDEN CITY ID 83714 |         |                  |  |
|                                                                                                                                                        |             |                                                                                                                                                                                     |             | 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                                                                                                                                                | SCOTT THARP | 515 E 50TH #101                                                                                                                                                                     | GARDEN CITY | ID                                                                    | USA     | 83714            |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                                                                                                                                   |             |                                                                       |         |                  |  |
| <b>ID<br/>W 123449</b>                                                                                                                                 |             | Signature: Scott Tharp                                                                                                                                                              |             |                                                                       |         | Date: 01/23/2018 |  |
|                                                                                                                                                        |             | Name (type or print): Scott Tharp                                                                                                                                                   |             |                                                                       |         | Title: Owner     |  |
| Processed 01/23/2018                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                                           |             |                                                                       |         |                  |  |