

|  |               |  |               |  |         |             |  |
|--|---------------|--|---------------|--|---------|-------------|--|
| No. <b>W 25496</b>   |               | <b>Due no later than Aug 31, 2011</b><br><b>Annual Report Form</b>   |               | 2. Registered Agent and Address ( <b>NO PO BOX</b> ) |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>TRIARC HEALTHCARE SOLUTIONS & CONSULTING LLC<br>DEBI DRAKE<br>6310 BUTTE ST<br>BOISE ID 83704 |               | DEBORAH DRAKE<br>6310 BUTTE<br>BOISE ID 83602        |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |               |  |               | 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  | DAVID DRAKE   | 16 STARDUST LN   | GARDEN VALLEY | ID   | USA     | 83622       |  |
| MANAGER  | DEBORAH DRAKE | 16 STARDUST LN   | GARDEN VALLEY | ID   | USA     | 83622       |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 25496</b>                                 |               | 6. Annual Report must be signed.*<br><br>Signature: Deborah Drake<br>Name (type or print): Deborah Drake   |               |  |         |             |  |
|  |               | Date: 06/14/2011<br>Title: Manager   |               |  |         |             |  |
| Processed 06/14/2011   |               | * Electronically provided signatures are accepted as original signatures.  |               |  |         |             |  |