


| No. C 135693 | Due no later than September 30, 2008 Annual Report Form | | 2. Registered Agent and Office NO PO BOX | | | | | | | | | | | | | | | | | | |
|---|---|------------------------|---|-------------|-------|------------------------|------|-------|-----|-----------|-------------------|------------------|-------------|-----|-------|---------|--------------------------|------------------|------------|-----|-------|
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address - Correct in this box, if applicable | | JIRAWAN SISAYAKET 1967 OLYMPIA ST IDAHO FALLS, ID 83402 3. <u>New</u> Registered Agent Signature | | | | | | | | | | | | | | | | | | |
| | THAI HOUSE INC. JIRAWAN SISAYAKET 366 SHOUP AVE. IDAHO FALLS, ID 83402 | | | | | | | | | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</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>JIRAWAN SISAYAKET</td> <td>1967 OLYMPIA ST.</td> <td>IDAHO FALLS</td> <td>ID.</td> <td>83402</td> </tr> <tr> <td>TRESURE</td> <td>SITTHIPHONG KWANMONGKHOL</td> <td>1967 OLYMPIA ST.</td> <td>IDAHO FALL</td> <td>ID.</td> <td>83402</td> </tr> </tbody> </table> | | | | Office held | Name | Street or P.O. Address | City | State | Zip | PRESIDENT | JIRAWAN SISAYAKET | 1967 OLYMPIA ST. | IDAHO FALLS | ID. | 83402 | TRESURE | SITTHIPHONG KWANMONGKHOL | 1967 OLYMPIA ST. | IDAHO FALL | ID. | 83402 |
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| PRESIDENT | JIRAWAN SISAYAKET | 1967 OLYMPIA ST. | IDAHO FALLS | ID. | 83402 | | | | | | | | | | | | | | | | |
| TRESURE | SITTHIPHONG KWANMONGKHOL | 1967 OLYMPIA ST. | IDAHO FALL | ID. | 83402 | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO C 135693 | 6. Signature  Date 9/29/08 Name (Typed or Printed) JIRAWAN SISAYAKET Title PRESIDENT | | | | | | | | | | | | | | | | | | | | |