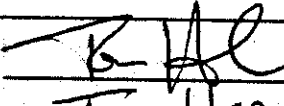


<b>No. W 40233</b>  <b>Return to:</b> SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than June 30, 2008</b> <b>Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable  IDAHO DINER, LLC TOM HERSH 2150 CHANNING WAY IDAHO FALLS, ID 83404	<b>2. Registered Agent and Office NO PO BOX</b>  TOM HERSH 598 GLADSTONE IDAHO FALLS, ID 83401  <b>3. New Registered Agent Signature</b>																		
<b>4. Limited Liability Companies: Enter Names and Addresses of Members.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>TOM HERSH</td> <td>598 GLADSTONE</td> <td>Id. Falls</td> <td>Id.</td> <td>83401</td> </tr> <tr> <td>MEMBER</td> <td>DIXIE MURPHY</td> <td>LEGENDS CIRCLE</td> <td>Id. Falls</td> <td>Id.</td> <td>83404</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	MEMBER	TOM HERSH	598 GLADSTONE	Id. Falls	Id.	83401	MEMBER	DIXIE MURPHY	LEGENDS CIRCLE	Id. Falls	Id.	83404
Office held	Name	Street or P.O. Address	City	State	Zip															
MEMBER	TOM HERSH	598 GLADSTONE	Id. Falls	Id.	83401															
MEMBER	DIXIE MURPHY	LEGENDS CIRCLE	Id. Falls	Id.	83404															
<b>5. Organized Under the Laws of:</b>  IDAHO W 40233	<b>6.</b> Signature <u></u> Date <u>4/8/08</u> Name (Typed or Printed) <u>TOM HERSH</u> Title <u>MEMBER, L.L.C.</u>																			

Issued 04/01/2008

**Do Not Tape or Staple**

200806006705