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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------|-------|---------|-------------|
| No. <b>C 42847</b>                                                                                                                                     | <b>Due no later than Sep 30, 2014</b><br><b>Annual Report Form</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>                                          |                                                                           | LOUIS MALLANE<br>483 W OAK HAMPTON DR<br>EAGLE ID 83616 |       |         |             |
|                                                                                                                                                        | LOUIE'S PIZZA AND ITALIAN RESTAURANT, INC.<br>LISA GROVER<br>2500 E. FAIRVIEW<br>MERIDIAN ID 83642 |                                                                           | 3. <u>New</u> Registered Agent Signature:*              |       |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                                                                                                    |                                                                           |                                                         |       |         |             |
| Office Held                                                                                                                                            | Name                                                                                               | Street or PO Address                                                      | City                                                    | State | Country | Postal Code |
| SECRETARY                                                                                                                                              | MARGARET MALLANE                                                                                   | 483 W OAK HAMPTON DR                                                      | EAGLE                                                   | ID    | USA     | 83616       |
| PRESIDENT                                                                                                                                              | LOUIS MALLANE                                                                                      | 5372 N. BALLINGER                                                         | MERIDIAN                                                | ID    | USA     | 83646       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 42847</b>                                                                                           | 6. Annual Report must be signed.*                                                                  |                                                                           |                                                         |       |         |             |
|                                                                                                                                                        |                                                                                                    | Signature: Lisa Grover                                                    | Date: 07/15/2014                                        |       |         |             |
|                                                                                                                                                        |                                                                                                    | Name (type or print): Lisa Grover                                         | Title: Accountant                                       |       |         |             |
| Processed 07/15/2014                                                                                                                                   |                                                                                                    | * Electronically provided signatures are accepted as original signatures. |                                                         |       |         |             |