

| No. W 119758 | Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017 | | 2. Registered Agent and Office (NOT A P.O. BOX) FARAIDON OSMANI 2646 N COLUMBIA AVE BOISE ID 83713-8370 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------------------|---|---|---------|----------------------|------|-------|---------|-------------|---|--------------|----------------------|-------|----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | 1. Mailing Address: Correct in this box if needed. KABOB HOUSE LLC. FARAIDON S OSMANI 9140 W EMERALD ST STE 600 BOISE ID 83704 | | 3. <u>New</u> Registered Agent Signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td> Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> </td> <td>Vida Khaliki</td> <td>2646 N. Columbia Ave</td> <td>Boise</td> <td>ID</td> <td></td> <td>83713</td> </tr> <tr> <td> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Vida Khaliki | 2646 N. Columbia Ave | Boise | ID | | 83713 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Vida Khaliki | 2646 N. Columbia Ave | Boise | ID | | 83713 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 119758 | 6. Signature:  <hr/> Name (type or print): <u>Faraidon Osmani</u> | | | Date: <u>04,12,17</u> <hr/> Title: <u>04,12,17</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Issued 04/06/2017 by KAH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |