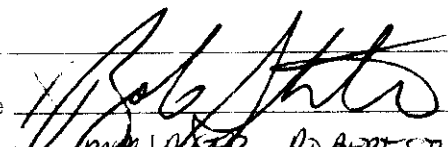


No. W 8908	Due no later than June 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		EDWARD SIMON 180 W 1ST ST STE 202 KETCHUM, ID 83340 3. <u>New</u> Registered Agent Signature												
	HANA SUSHI SUN VALLEY, L.L.C. C/O EDWARD SIMON ATTORNEY AT LAW PO BOX 540 KETCHUM, ID 83340														
<p>4. Limited Liability Companies: Enter Names and Addresses of Members.</p> <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>ROBERT STILES</td> <td>C/O EDWARD SIMON P.O. BOX 540</td> <td>KETCHUM</td> <td>ID</td> <td>83340</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MANAGER	ROBERT STILES	C/O EDWARD SIMON P.O. BOX 540	KETCHUM	ID	83340
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
MANAGER	ROBERT STILES	C/O EDWARD SIMON P.O. BOX 540	KETCHUM	ID	83340										
5. Organized Under the Laws of: IDAHO W 8908	6. Signature  Date <u>4-22-05</u> Name <small>(Typed or Printed)</small> <u>MANAGER ROBERT STILES</u> Title _____														