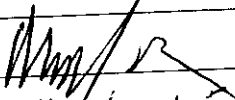


No. W 10773	Due no later than Jan 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable SACCONI FAMILY RESTURANTS L.L.C. 1005 KYLER HAYDEN, ID 83835		MICHAEL F SACCONI 1005 KYLER HAYDEN, ID 83835 3. New Registered Agent Signature																		
NO FILING FEE IF RECEIVED BY DUE DATE																					
4. Limited Liability Companies: Enter Names and Addresses of Members. <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>Managing Member</td> <td>Michael F Saccone</td> <td></td> <td>1005 Kyler</td> <td>Hayden</td> <td>ID 83835</td> </tr> <tr> <td>Member</td> <td>Debe L Saccone</td> <td></td> <td></td> <td></td> <td></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>	Managing Member	Michael F Saccone		1005 Kyler	Hayden	ID 83835	Member	Debe L Saccone				
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Managing Member	Michael F Saccone		1005 Kyler	Hayden	ID 83835																
Member	Debe L Saccone																				
5. Organized Under the Laws of: IDAHO W 10773	6. Signature  Name (Typed or Printed) Michael F Saccone Title Managing Member Date 11/21/02																				

Do Not Tape or Staple