

|                                                                                                                                                        |             |                                                                                                                                             |             |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 147003</b>                                                                                                                                    |             | <b>Due no later than Jan 31, 2016</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><br><br>JUNIOR'S DELI, LLC<br>CHRIS HOTT<br>1949 MALIBU DR<br>IDAHO FALLS ID 83404 |             | CHRIS HOTT<br>1949 MALIBU DR<br>IDAHO FALLS ID 83404 |         |             |  |
|                                                                                                                                                        |             |                                                                                                                                             |             | 3. <u>New</u> Registered Agent Signature: *          |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |             |                                                                                                                                             |             |                                                      |         |             |  |
| Office Held                                                                                                                                            | Name        | Street or PO Address                                                                                                                        | City        | State                                                | Country | Postal Code |  |
| MEMBER                                                                                                                                                 | ALEXIS HOTT | 1949 MALIBU DR                                                                                                                              | IDAHO FALLS | ID                                                   | USA     | 83404       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 147003</b>                                                                                          |             | 6. Annual Report must be signed.*<br>Signature: Chris Hott<br>Name (type or print): Chris Hott                                              |             |                                                      |         |             |  |
|                                                                                                                                                        |             | Date: 01/16/2016<br>Title: Member                                                                                                           |             |                                                      |         |             |  |
| Processed 01/16/2016                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                   |             |                                                      |         |             |  |