

|                                                                                                                                                        |              |                                                                                                                                                 |       |                                                    |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|------------------|-------------|--|
| No. <b>W 56265</b>                                                                                                                                     |              | <b>Due no later than Nov 30, 2007</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>CAFE EQUUS LLC<br>DAWN SHEPARD<br>2717 E SANDGATE AVE<br>NAMPA ID 83686<br>USA |       | DAWN SHEPARD<br>5572 S ANAURA PL<br>BOISE ID 83709 |                  |             |  |
|                                                                                                                                                        |              |                                                                                                                                                 |       | 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                                                                                                                                                 | DAWN SHEPARD | 2717 E SANDGATE AVE                                                                                                                             | NAMPA | ID                                                 | USA              | 83686       |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                               |       |                                                    |                  |             |  |
| <b>ID<br/>W 56265</b>                                                                                                                                  |              | Signature: Dawn Shepard                                                                                                                         |       |                                                    | Date: 09/15/2007 |             |  |
|                                                                                                                                                        |              | Name (type or print): Dawn Shepard                                                                                                              |       |                                                    | Title: Owner     |             |  |
| Processed 09/15/2007                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                       |       |                                                    |                  |             |  |