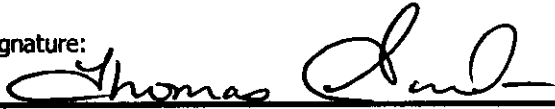


<b>No. W 97332</b>	<b>Reinstatement Annual Report Form</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b>  THOMAS SANDERS 3473 E 4058 N KIMBERLY ID 83341																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  T AND T CAFE L.L.C. (THE) THOMAS SANDERS 195 ROCK CREEK RD HANSEN ID 83334 USA		<b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Thomas SANDERS</td> <td>3473 East 4058 North Kimberly</td> <td>ID</td> <td>USA</td> <td></td> <td>83341</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Tiffany SANDERS</td> <td>3473 East 4058 North Kimberly</td> <td>IDAHO</td> <td>USA</td> <td></td> <td>83341</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Thomas SANDERS	3473 East 4058 North Kimberly	ID	USA		83341	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Tiffany SANDERS	3473 East 4058 North Kimberly	IDAHO	USA		83341	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">IDAHO W 97332</div>		<b>6.</b> Signature:  <hr/> Name (type or print): <u>Thomas Sanders</u> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           Date: <u>1/10/2014</u>            Title: <u>Owner-Member</u> </div> </div>																																				

Issued 02/10/2014 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**