| No. C 189724 | | Due no later than Jan 31, 2018 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------------------------------|---|---|--------------------------|---|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. FOUST RESTAURANTS, INC. CHAD FOUST 477272 HWY 95 N PONDERAY ID 83852 | | 95 PONDER P SANDPOINT | CHAD FOUST 95 PONDER POINT DR SANDPOINT ID 83864 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | | President, Secretary, and Directors. Treasi | | ed Agent 3 | ignature. | | |
| | Name | ess / ladi esses of | Street or PO Address | City | State | Country | Postal Code | |
| | MARGARET R FOUST CHAD D FOUST | | 95 PONDER POINT DR. 95 PONDER POINT DR. | SANDPOINT SANDPOINT | ID ID | USA USA | 83864 83864 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Chad Foust | | | Date: 11/27/2017 | | | |
| C 189724 | | Name (type or print): Chad Foust | | | Title: President | | | |
| Processed 11/27/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |