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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------|---------------------|
| No. <b>W 115014</b>                                                                                                                                    |                  | <b>Due no later than Jun 30, 2018</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>BROKEN EGG CAFE, LLC<br>DIANA M HUNSAKER<br>3646 GOVERNMENT WAY SPACE D<br>COEUR D'ALENE ID 83815 |               | DIANA M HUNSAKER<br>3646 GOVERNMENT<br>SPACE D<br>COEUR D' ALENE ID 83815 |                     |
|                                                                                                                                                        |                  |                                                                                                                                                                                                 |               | 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                                                                                                                                                 | DIANA M HUNSAKER | 3646 GOVERNMENT SPACE D                                                                                                                                                                         | COEUR D'ALENE | ID                                                                        | USA 83815           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 115014</b>                                                                                          |                  | 6. Annual Report must be signed.*<br>Signature: Diana M. Hunsaker<br>Name (type or print): Diana M. Hunsaker<br><br>Date: 06/18/2018<br>Title: Member                                           |               |                                                                           |                     |
| Processed 06/18/2018                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                                       |               |                                                                           |                     |