

|   |              |  |         |  |         |             |  |
|---|--------------|--|---------|--|---------|-------------|--|
| No. <b>W 48776</b>  |              | <b>Due no later than Mar 31, 2013</b><br><b>Annual Report Form</b>   |         | 2. Registered Agent and Address ( <b>NO PO BOX</b> )   |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  |              | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>PIZZA PIE CAFE AMMON, LLC<br>MATT SMITH<br>PO BOX 38<br>REXBURG ID 83440<br>USA |         | MATT SMITH<br>3160 E 17TH ST STE 110<br>AMMON ID 83406 |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  |              |  |         | 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 |  |
| MANAGER   | MATT SMITH   | 2725 LITTLETOWN DR   | REXBURG | ID   | USA     | 83440       |  |
| MANAGER   | TERRY MADSEN | 3960 E 100 N   | RIGBY   | ID   | USA     | 83442       |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 48776</b>                                  |              | 6. Annual Report must be signed.*<br><br>Signature: Mandi Tomlinson<br>Name (type or print): Mandi Tomlinson                                     |         |  |         |             |  |
|   |              | Date: 01/24/2013<br>Title: Bookkeeper  |         |  |         |             |  |
| Processed 01/24/2013      * Electronically provided signatures are accepted as original signatures. |              |  |         |  |         |             |  |