

| No. 71772 | Idaho Corporation Annual Report Form | | 2. Registered Agent and Office | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------------------------|--------------------------------|-----------------------------------|------|------------------------|------|-------|-----|------------------------------|----------------------|-------|-------|-------|------------|--|--|--|--|------------|--|--|--|--|
| Return To | Due No Later Than November 1, 1987 | | ROGER HARTHORN | | | | | | | | | | | | | | | | | | | | | |
| Secretary of State Room 203, Statehouse Boise, ID 83726 | 1. Mailing Address — Please Correct 071772 | | 210 NORTH CAPITOL BOULEVARD | | | | | | | | | | | | | | | | | | | | | |
| SEC. OF STATE | RAINTREE DELI, INC. | | BOISE, IDAHO | | | | | | | | | | | | | | | | | | | | | |
| 87 JUL 9 AM 9 02 | ROGER HARTHORN | | 83702 | | | | | | | | | | | | | | | | | | | | | |
| | | 210 NORTH CAPITOL BOULEVARD | | 3. Incorporated Under The Laws of | | | | | | | | | | | | | | | | | | | | |
| | | BOISE, IDAHO | | STATE OF IDAHO | | | | | | | | | | | | | | | | | | | | |
| | | 83702 | | | | | | | | | | | | | | | | | | | | | | |
| 4. Names and Addresses of Officers and Directors | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: ROGER W. HARTHORN</td> <td>210 N. Capitol Blvd,</td> <td>Boise</td> <td>Idaho</td> <td>83702</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | Name | Street or P.O. Address | City | State | Zip | President: ROGER W. HARTHORN | 210 N. Capitol Blvd, | Boise | Idaho | 83702 | Secretary: | | | | | Directors: | | | | |
| Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | | | | | |
| President: ROGER W. HARTHORN | 210 N. Capitol Blvd, | Boise | Idaho | 83702 | | | | | | | | | | | | | | | | | | | | |
| Secretary: | | | | | | | | | | | | | | | | | | | | | | | | |
| Directors: | | | | | | | | | | | | | | | | | | | | | | | | |
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5. Nature of Business

RESTAURANT

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Printed)

Date

Title

1000015.00 0570