

No. W 41431

Due no later than July 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

THAI CUISINE RESTAURANT LLC
ACHRAWADEE LOHANUWAT
6777 OVERLAND RD
BOISE, ID 83709ACHRAWADEE LOHANUWAT
6777 OVERLAND RD
BOISE, ID 83709NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office heldNameStreet or P.O. AddressCityStateZip~~SECRETARY~~ ACHRAWADEE LOHANUWAT 6777 W. OVERLAND BOISE, ID 83709
MANAGER.

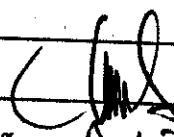
5. Organized Under the Laws of:

IDAHO
W 41431

6.

Signature

Name (Typed or Printed)


A. LOHANUWAT

Date

07/15/08

Title

MANAGER

Issued 05/02/2008

Do Not Tape or Staple

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