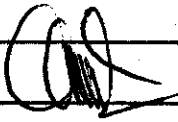


No. W 41431	Due no later than July 31, 2007 Annual Report Form	2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable THAI CUISINE RESTAURANT LLC ACHRAWADEE LOHANUWAT 6777 OVERLAND RD BOISE, ID 83709	ACHRAWADEE LOHANUWAT 6777 OVERLAND RD BOISE, ID 83709 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>ACH RAWADEE</td> <td>LOHANUWAT 6777 OVERLAND RD</td> <td>BOISE</td> <td>ID</td> <td>83709</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER	ACH RAWADEE	LOHANUWAT 6777 OVERLAND RD	BOISE	ID	83709
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MEMBER	ACH RAWADEE	LOHANUWAT 6777 OVERLAND RD	BOISE	ID	83709									
5. Organized Under the Laws of: IDAHO W 41431	6. Signature  Date <u>07/17/07</u> Name (Typed or Printed) <u>ACH RAWADEE LOHANUWAT</u> Title <u>MEMBER</u>													

Issued 05/01/2007

Do Not Tape or Staple

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