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. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
MEMBER	ACH RAWADEE	LOHANUWAT 6777 OVERLAND RD	BOISE	ID	83709

5. Organized Under the Laws of:	6.
IDAHO W 41431	Signature _____ Date 07/17/07 Name (Typed or Printed) ACH RAWADEE LOHANUWAT Title MEMBER

Issued 05/01/2007

Do Not Tape or Staple

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