No. **W 9044**	**Due no later than Jun 30, 2009**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** THAI TASTE, LLC JOHN BOLLINGER PO BOX 328 LEWISTON ID 83501 USA	JOHN BOLLINGER 2025 HEMLOCK AVE LEWISTON ID 83501 3. New 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
MEMBER	JOHN BOLLINGER	1410 21ST ST	LEWISTON	ID	USA	83501
MEMBER	THONGKUM BOLLINGER	1410 21ST ST	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 9044**	Signature: John Bollinger	Date: 04/15/2009
	Name (type or print): John Bollinger	Title: Member

Processed 04/15/2009

* Electronically provided signatures are accepted as original signatures.