| No. W 135695 | | Due no later than Mar 31, 2015 | | 2. Registered Age | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------|--|--------------------------------------|-------------------|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. KHIRINI GYROS, LLC ROBERT OLMO JR 3781 PENINSULA RD PRIEST RIVER ID 83856 | | 3781 PENINSU | ROBERT OLMO JR 3781 PENINSULA RD PRIEST RIVER 83856 3. New Registered Agent Signature:* | | | |
| | | | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | Transfer Taven | <i>D</i> 63630 | | J | | | |
| 4. Limited Liability Compa | anies: Enter Na | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | ROBERT J OLMO JR | | 3781 PENINSULA RD | PRIEST RIVER | ID | USA | 83856 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: robert olmo jr | | | Date: 04/20/2015 | | | |
| W 135695 | | Name (type or | | Title: manager | | | | |
| Processed 04/20/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |