

|  |                   |   |           |  |         |             |  |
|--|-------------------|---|-----------|--|---------|-------------|--|
| No. <b>W 137275</b>  |                   | <b>Due no later than Apr 30, 2017</b><br><b>Annual Report Form</b>  |           | 2. Registered Agent and Address ( <b>NO PO BOX</b> )     |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>THAI NIGIRI LLC<br>UMARIN MAHAMAT<br>209 N 1ST AVE<br>SANDPOINT ID 83864 |           | SATAPORN TIENTONG<br>209 N 1ST AVE<br>SANDPOINT ID 83864 |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                   |   |           | 3. <u>New</u> 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   | SATAPORN TIENTONG | 209 N 1ST AVE   | SANDPOINT | ID   | USA     | 83864       |  |
| MEMBER   | UMARIN MAHAMAT    | 209 N 1ST AVE   | SANDPOINT | ID   | USA     | 83864       |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 137275</b>                                |                   | 6. Annual Report must be signed.*<br><br>Signature: Kevin Kluender<br>Name (type or print): Kevin Kluender                                |           |  |         |             |  |
|  |                   | Date: 07/18/2017<br>Title: CPA  |           |  |         |             |  |
| Processed 07/18/2017 * Electronically provided signatures are accepted as original signatures.     |                   |   |           |  |         |             |  |