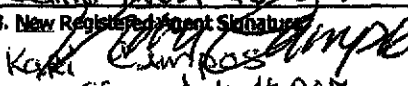



No. W 76222	Reinstatement Annual Report Form ADMIN DISSOLVED 10/06/2009		2. Registered Agent and Office (NOT A P.O. BOX) MIKE SNARR 2920 DEVONWOOD DR AMMON ID 83406														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. KB FOOD SERVICES LLC MIKE SNARR Charles Roberts 2920 DEVONWOOD DR 1505 W. Broadway AMMON ID 83406 Idaho Falls, ID 83402		477 Shoup Ave # 207 Idaho Falls, ID 83402 3. New Registered Agent Signature  477 Shoup Ave # 207 Idaho Falls, ID 83402														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>Charles Roberts</td> <td>1505 W Broadway</td> <td>Idaho Falls</td> <td>ID</td> <td>USA</td> <td>83402</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	MANAGER	Charles Roberts	1505 W Broadway	Idaho Falls	ID	USA	83402
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
MANAGER	Charles Roberts	1505 W Broadway	Idaho Falls	ID	USA	83402											
5. Organized Under the Laws of: IDAHO W 76222	6. Signature:  Name (type or print): Charles Roberts Title: Manager Date: 10/26/09																
Issued 10/26/2009 by CLH																	