No. W 86097 Return to:		Due no later than Aug 31, 2011 Annual Report Form		2	2. Registered Agent and Address (NO PO BOX) ONINTHIRA SRILOPHIAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ORIGINAL THAI II, LLC ORIGINAL THAI II LLC 752 E 17TH ST IDAHO FALLS ID 83404		_	752 E 17TH ST IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	ies: Enter Nar	mes and Addresses of	f at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
	ONANONG SRILOPHIAN SASITORN SANSONGKHWAE		752 E 17TH ST 752 E 17TH ST		IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83404 83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 86097		Signature: Oninthira			Date: 06/17/2011			
		Name (type or print): Oninthira			Title: Member			
Processed 06/17/2011		* Electronically provided signatures are accepted as original signatures.						