| No. <b>C 100949</b>  | Due no later than Feb 28, 2013  | 2. Registered Agent and Address (NO PO BOX)  ROBERT P. BROWN  13TH AND IDAHO  LEWISTON ID 83501 |       |         |             |
|--|---|---|-------|---------|-------------|
| Return to:   | Annual Report Form  |   |       |         |             |
| SECRETARY OF STATE   | 1. Mailing Address: Correct in this box if needed.                        |   |       |         |             |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | ITALIAN FOOD SYSTEMS, INC. CYRUS VAUGHN 221 W APPLEWAY                    |   |       |         |             |
| NO 551 7310 555 75   | COEUR D'ALENE ID 83814<br>USA   | 3. New Registered Agent Signature:*   |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                   | USA   |   |       |         |             |
| 4. Corporations: Enter Names and Busine                    | ess Addresses of President, Secretary, and Directors. Treasurer           | (optional).   |       |         |             |
| Office Held Name   | Street or PO Address  | City  | State | Country | Postal Code |
| TREASURER BRUCE FINCI                                      | H 1619 E. 16TH  | LEWISTON  | ID    | USA     | 83801       |
| SECRETARY ERKKI ORAN                                       | EN 1619 E. 20TH   | SPOKANE   | WA    | USA     | 99203       |
| PRESIDENT CYRUS VAUC                                       | GHN 810 N. POST, #202   | SPOKANE   | WA    | USA     | 99201       |
| 5. Organized Under the Laws of:                            | 6. Annual Report must be signed.*   |   |       |         |             |
| ID   | Signature: Cyrus Vaughn   | Date: 02/26/2013  |       |         |             |
| C 100949   | Name (type or print): Cyrus Vaughn  | Title: President  |       |         |             |
| Processed 02/26/2013                                       | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |