July 23, 1996

Paul Wegner Cocina Di Paolo L.L.C. W1453 4608 Mason Dr. Boise ID 83706

RE: Cocina Di Paolo L.L.C. W1453

Greetings:

Please find enclosed your recently submitted annual report for the 1996-1997 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Please be certain that the names and addresses of the managers or members in block 4 are complete. (A notation that the information is the same as last year will not be accepted.) After completing that block, resubmit the annual report to this office.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,

Sheryl DeVries Corporate Division

Enclosures: cited

Return to: SECRETARY OF STATE TOD WEST JEEFERSON  Maining Address Please Correct if Not Correct  LUCINA DI PADLU L.L.C.  4508 MASON DR	lo. # 145	3		Report Form 17 Than November 30.	4. nousumed repen	t and Office NOT A P.O. BOX
PO BOX 83720  BOISE, ID 83720-0080  NO FEE REQUIRED  * FIRST NOTICE * BOISE ID 33705  Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held  Name  Street or P.O. Address  City State  Zie  SISNATURE OF CURRENT RA  ANY LAWFJ  ANY LAWFJ  Date  ANY LAWFJ  Date  ANY LAWFJ  Date  ANY LAWFJ  Date  AND STATE OF CURRENT RA  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature  ANY LAWFJ  Date  Date	SECRETARY OF STA	TE			4508 MAS	DW DR
NO FEE REQUIRED  * FIRST NOTICE * BOISE ID 83775 ID # 1453  Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held Name Street or P.O. Address City State Zio  SIGNATURE OF CURRENT RA  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  ANY LAWFJ.  Date Date To Signature And Signature Date To Signature Date To Signature Date To Signature	PO BOX 63720	2 A (	JL MICHAEL		BOISE	ID 83736
Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held  Name Street or P.O. Address City State Zip  SIGNATURE OF CURRENT RA  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature  ANY LAWFJ  Date	NO FEE REQUIRE	li li			3. Organized Unde	r the Laws of:
City State Zip  SIGNATURE OF CURRENT RA  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge trub, correct and complete.  Signature Cawful Date	* FIRST NOT	ICE * BO:	ISE	10 33735	1)	a 1453
SIGNATURE OF CURRENT RA 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature RAMFJ_ Date 7	Limited Liability Co	impanies: Enter Name	es and Addresses of	☐ Managers or ☐ Mem		Chata Tin
knowledge trub, correct and complete.  Signature Van 11 Page 2 Date 7/18/96			Street	orro patricia		
ANY LAWF J_ Signature Van 11 18 176						
TSSHED: 37-38-1995	SIGNATURE	OF CURRENT	R 4 6. I certify tha	t this Annual Report has b	een examined by me	and is to the best of my
			knowledge Signature	trula, correct and complete	Date	7/18/96
			knowledge Signature	trula, correct and complete	Date	7/18/96