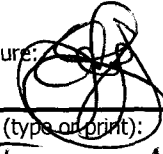


No. W 49387	Reinstatement Annual Report Form ADMIN DISSOLVED 07/28/2016		2. Registered Agent and Office (NOT A P.O. BOX) TRACY C MOREY 54 N 400 W BURLEY ID 83318
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MOREY'S STEAKHOUSE, LLC TRACY C MOREY 219 E 3RD N PO BOX 789 BURLEY ID 83318		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Tracy Money	54 N 400 W	Burley	ID		83318
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	NADIA MONEY	54 N 400 W	Burley	ID		83318
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 49387 </div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): <u>Tracy C. Money</u> </div> <div style="width: 35%;"> Date: <u>Aug 31, 16</u> <hr/> Title: <u>Member</u> </div> </div>
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Issued 08/26/2016 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the