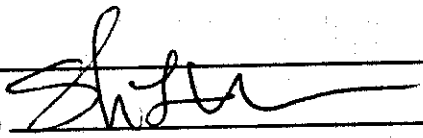


No. W 12494	Due no later than July 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MORTIMER'S IDAHO CUISINE L.L.C. 1207 E LEXINGTON CT BOISE, ID 83706 2949 E. WILDERNEST LANE BOISE, ID., 83706		SHARA L MORTIMER 1207 E LEXINGTON CT BOISE, ID 83706	
4. Limited Liability Companies: Enter Names and Addresses of Members.			3. New Registered Agent Signature	
<u>Office held</u> SHARA MORTIMER	<u>Name</u> SHARA MORTIMER	<u>Street or P.O. Address</u> 2949 E. WILDERNEST LANE	<u>City</u> BOISE	<u>State</u> ID. <u>Zip</u> 83706
5. Organized Under the Laws of: IDAHO W 12494		6.  <u>Signature</u> _____ <u>Date</u> 5/21/07 <u>Name</u> (Typed or Printed) SHARA MORTIMER <u>Title</u> MEMBER		

Issued 05/01/2007

Do Not Tape or Staple

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