No. W 84191	Reinstatement Annual Report Form ADMIN DISSOLVED 08/14/2017 1. Mailing Address: Correct in this box if needed. 3 BROTHERS RESTAURANTS, LLC	2. Registered Agent and Office (NOT A P.O. BOX) GIVENS PURSLEY CORPORATE SERVI 601 W BANNOCK ST BOISE ID 83702 USA
Return to: SECRETARY OF STATE 450 N 4th STREET		
PO BOX 83720 BOISE, ID 83720-0080	CRAIG ALLEN C/O MILLER FAMILY HOLDINGS L- -2710 SUNRISE RIM STE-240 BOISE ID 83705	
REINSTATEMENT FEE DUE: \$30,00	c/o Givens Pursley Corporate Services LLC PO Box 2720 Boise, ID 83701-2720	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 ☑ Member ☐ Mark Miller, 838 SW 1st Ave, Suite 201, Portland, OR 97204		
Manager 🗆 Member 🔲		
Manager Member D		
Manager Member		
5. Organized Under the Lav	ws of: 6. Signature.	Date:
IDAHO W 84191	11/1/1/25	Date: 009/06/2017
W 07131	Name (type or print): Mark Miller	Title: Manager
Issued 09/06/2017 by online		