

|                                                                                                                                                        |                  |                                                                                                                                                     |         |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 49538</b>                                                                                                                                     |                  | <b>Due no later than Apr 30, 2009</b>                                                                                                               |         | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>NIGHT KITCHEN, L.L.C.<br>SHAWN R TIERNEY<br>PO BOX 4510<br>KETCHUM ID 83340<br>USA |         | SHAWN TIERNEY<br>142 CANYON DR<br>KETCHUM ID 83340 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                     |         | 3. <u>New</u> Registered Agent Signature:*         |         |                  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                  |                                                                                                                                                     |         |                                                    |         |                  |  |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                                                                                                | City    | State                                              | Country | Postal Code      |  |
| MEMBER                                                                                                                                                 | SHAWN TIERNEY    | PO BOX 6512                                                                                                                                         | KETCHUM | ID                                                 | USA     | 83340            |  |
| MEMBER                                                                                                                                                 | ALYSON W TIERNEY | PO BOX 6512                                                                                                                                         | KETCHUM | ID                                                 | USA     | 83340            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                   |         |                                                    |         |                  |  |
| <b>ID<br/>W 49538</b>                                                                                                                                  |                  | Signature: Shawn Tierney                                                                                                                            |         |                                                    |         | Date: 05/13/2009 |  |
|                                                                                                                                                        |                  | Name (type or print): Shawn Tierney                                                                                                                 |         |                                                    |         | Title: Member    |  |
| Processed 05/13/2009                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                           |         |                                                    |         |                  |  |