

No. W 70175	Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010		2. Registered Agent and Office (NOT A P.O. BOX) PAUL CATSAROS 7982 W HOLT CT BOISE ID 83707														
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. CARRYOUT-CAB LLC PAUL CATSAROS 7982 W HOLT CT BOISE ID 83704 2008 N 8th St Boise, ID 83702		3. New Registered Agent Signature. 														
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td></td><td>Paul Catsaros</td><td>2008 N 8th St</td><td>Boise</td><td>ID</td><td>USA</td><td>83702</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code		Paul Catsaros	2008 N 8th St	Boise	ID	USA
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
	Paul Catsaros	2008 N 8th St	Boise	ID	USA	83702											
5. Organized Under the Laws of: IDAHO W 70175	6. <table><tr><td>Signature:</td><td></td><td>Date:</td><td>4/19/09</td></tr><tr><td>Name (type or print):</td><td>Paul Catsaros</td><td>Title:</td><td>Owner/Member</td></tr></table>				Signature:		Date:	4/19/09	Name (type or print):	Paul Catsaros	Title:	Owner/Member					
Signature:		Date:	4/19/09														
Name (type or print):	Paul Catsaros	Title:	Owner/Member														
Issued 04/14/2010 by LJM																	