No. W 97743		Due no later than Nov 30, 2012	2. Registered Agent and Address (NO PO BOX) JAMES E THILMONT 4990 VALENTY STE D CHUBBUCK ID 83202 3. New Registered Agent Signature:*			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BUDDY'S FRANCHISING SYSTEM, LLC JAMES E THIMONT PO BOX 2631 POCATELLO ID 83206				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Comp	oanies: Enter Nam	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER EUPHORIA, L		.C PO BOX 3074	POCATELLO	ID	USA	83206-3074
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: James E. Thilmont	Date: 09/19/2012			
W 97743		Name (type or print): James E. Thilmont	Title: Registered Agent			
Processed 09/19/2012 * Electronically provided signatures are accepted as original signatures.						