No. W 42914		Due no later than Sep 30, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. A TASTE OF ASIA L.L.C. SHAUN VIANELLO 658 SAFSTROM AVE IDAHO FALLS ID 83401		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF				658 SAFS	SHAUN VIANELLO 658 SAFSTROM AVE IDAHO FALLS ID 83401 3. New Registered Agent Signature:*			
				3. <u>New</u> Regi				
RECEIVED BY DUE DATE								
4. Limited Liability Com	npanies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER SHAUN VIAN		NELLO	658 SAFSTROM AVE	IDAHO FAL	LS ID		83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Shaun Vianello			Date: 08/02/2015			
W 42914		Name (type or		Title: owner				
Processed 08/02/2015 * Electronically provided signatures are accepted as original signatures.								