

No. <b>W 41431</b>		<b>Due no later than Jul 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )		
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  THAI CUISINE RESTAURANT LLC ACHRAWADEE LOHANUWAT 6777 OVERLAND RD BOISE ID 83709 USA		ACHRAWADEE LOHANUWAT 6777 OVERLAND RD BOISE ID 83709		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MANAGER	Name ACHRAWADEE LOHANUWAT	Street or PO Address 6777 OVERLAND RD	City BOISE	State ID	Country	Postal Code 83709
5. Organized Under the Laws of:  <b>ID</b> <b>W 41431</b>		6. Annual Report must be signed.*  Signature: Achrawadee Lohanuwat Name (type or print): Achrawadee Lohanuwat  Date: 05/21/2015 Title: Owner				
Processed 05/21/2015 * Electronically provided signatures are accepted as original signatures.						