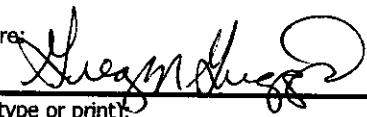


No. W 109536	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2013		2. Registered Agent and Office (NOT A P.O. BOX) GREG GRIGGS 623 N MAIN KIMBERLY ID 83341																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. HOAGIE STREET DELI, LLC 623 N MAIN KIMBERLY ID 83341		3. <u>New</u> Registered Agent Signature.																																				
REINSTATEMENT FEE DUE: \$30.00																																							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>GREG GRIGGS</td> <td>623 N. MAIN</td> <td>Kimberly Id</td> <td>Twin Falls</td> <td></td> <td>83341</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Darla GRIGGS</td> <td>623 N. MAIN</td> <td>Kimberly Id</td> <td>Twin Falls</td> <td></td> <td>83341</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	GREG GRIGGS	623 N. MAIN	Kimberly Id	Twin Falls		83341	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Darla GRIGGS	623 N. MAIN	Kimberly Id	Twin Falls		83341	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 109536		6. Signature:  Date: <u>4-2-13</u> Name (type or print): <u>GREG M. GRIGGS</u> Title: <u>Member</u>																																					
Issued 03/13/2013 by LIC																																							