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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------|---------------------|
| No. <b>W 57057</b>                                                                                                                                     |                 | <b>Due no later than Dec 31, 2010</b>                                                                                                                                                      |               | 2. Registered Agent and Address <b>(NO PO BOX)</b>                |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>PITA PIT IDAHO, LLC<br>JACK T RIGGS MD<br>105 N 4TH ST STE 208<br>COEUR D ALENE ID 83814 |               | JACK T RIGGS MD<br>105 N 4TH ST STE 208<br>COEUR D'ALENE ID 83814 |                     |
|                                                                                                                                                        |                 |                                                                                                                                                                                            |               | 3. <u>New</u> Registered Agent Signature:*                        |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                 |                                                                                                                                                                                            |               |                                                                   |                     |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                                                                       | City          | State                                                             | Country Postal Code |
| MANAGER                                                                                                                                                | JACK T RIGGS MD | 105 N 4TH ST STE 208                                                                                                                                                                       | COEUR D'ALENE | ID                                                                | USA 83814           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 57057</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Robert J. Fasnacht<br>Name (type or print): Robert J. Fasnacht<br>Date: 11/15/2010<br>Title: Authorized Agent                              |               |                                                                   |                     |
| Processed 11/15/2010                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                  |               |                                                                   |                     |