

|                                                                                                                                                        |                                |                                                                                                                                                                                                       |          |                                                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 44643</b>                                                                                                                                     |                                | <b>Due no later than Nov 30, 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>EVERGREEN RESTAURANT LLC 1314<br>KARI ROCKABRAND<br>371 NE GILMAN BLVD STE 340<br>ISSAQUAH WA 98027 |          | JOHN LITTLE %OUTBACK STEAKHOUSE<br>1381 NORTHWOOD CTR CT<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                                                                                                                                                | EVERGREEN RESTAURANT GROUP LLC | 371 NE GILMAN BLVD STE 340                                                                                                                                                                            | ISSAQUAH | WA                                                                                 | USA     | 98027       |  |
| MANAGER                                                                                                                                                | RAYMOND LEICH                  | 371 NE GILMAN BLVD STE 340                                                                                                                                                                            | ISSAQUAH | WA                                                                                 | USA     | 98027       |  |
| MANAGER                                                                                                                                                | CLIFFORD L JONES               | 371 NE GILMAN BLVD STE 340                                                                                                                                                                            | ISSAQUAH | WA                                                                                 | USA     | 98027       |  |
| MANAGER                                                                                                                                                | JEFFREY K JONES                | 371 NE GILMAN BLVD STE340                                                                                                                                                                             | ISSAQUAH | WA                                                                                 | USA     | 98027       |  |
| 5. Organized Under the Laws of:<br><br><b>WA<br/>W 44643</b>                                                                                           |                                | 6. Annual Report must be signed.*<br>Signature: Kari Rockabrand<br>Name (type or print): Kari Rockabrand<br>Date: 09/13/2010<br>Title: Mgr Administrative Services                                    |          |                                                                                    |         |             |  |
| Processed 09/13/2010                                                                                                                                   |                                | * Electronically provided signatures are accepted as original signatures.                                                                                                                             |          |                                                                                    |         |             |  |