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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------|---------|-------------|
| No. <b>C 100949</b>                                                                                                                                    |              | <b>Due no later than Feb 28, 2011</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>ITALIAN FOOD SYSTEMS, INC.<br>CYRUS VAUGHN<br>221 W APPLEWAY<br>COEUR D ALENE ID 83814<br>USA |          | ROBERT P. BROWN<br>13TH AND IDAHO<br>LEWISTON ID 83501 |         |             |
|                                                                                                                                                        |              |                                                                                                                                                                                             |          | 3. <u>New</u> Registered Agent Signature:*             |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |              |                                                                                                                                                                                             |          |                                                        |         |             |
| Office Held                                                                                                                                            | Name         | Street or PO Address                                                                                                                                                                        | City     | State                                                  | Country | Postal Code |
| TREASURER                                                                                                                                              | BRUCE FINCH  | 1619 E. 16TH                                                                                                                                                                                | LEWISTON | ID                                                     | USA     | 83801       |
| SECRETARY                                                                                                                                              | ERKKI ORANEN | 1619 E. 20TH                                                                                                                                                                                | SPOKANE  | WA                                                     | USA     | 99203       |
| PRESIDENT                                                                                                                                              | CYRUS VAUGHN | 810 N. POST, #202                                                                                                                                                                           | SPOKANE  | WA                                                     | USA     | 99201       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 100949</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: Lori Erpenbach<br>Name (type or print): Lori Erpenbach<br><br>Date: 12/29/2010<br>Title: Controller                                         |          |                                                        |         |             |
| Processed 12/29/2010                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                                   |          |                                                        |         |             |