

No. W 41431		Due no later than Jul 31, 2016		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. THAI CUISINE RESTAURANT LLC ACHRAWADEE LOHANUWAT 6777 OVERLAND RD BOISE ID 83709		ACHRAWADEE LOHANUWAT 6777 OVERLAND RD BOISE ID 83709	
				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	ACHRAWADEE LOHANUWAT	6777 OVERLAND RD	BOISE	ID	83709
5. Organized Under the Laws of: ID W 41431		6. Annual Report must be signed.* Signature: Achrawadee Lohanuwat Name (type or print): Achrawadee Lohanuwat Date: 08/17/2016 Title: Owner			
Processed 08/17/2016		* Electronically provided signatures are accepted as original signatures.			