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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------|---------------------|
| No. <b>W 53164</b>                                                                                                                                     |               | <b>Due no later than Aug 31, 2016</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>1. Mailing Address: Correct in this box if needed.</b><br>GOURMET INNOVATIONS LLC<br>SANDRA A DELL<br>PO BOX 2374<br>OROFINO ID 83544<br>USA   |        | MALCOLM L DELL<br>355 HAVELOCK GRADE<br>LENORE ID 83541-5080 |                     |
|                                                                                                                                                        |               |                                                                                                                                                   |        | 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 |
| MEMBER                                                                                                                                                 | SANDRA A DELL | PO BOX 2374                                                                                                                                       | LENORE | ID                                                           | 83544               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 53164</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Sandra A Dell<br>Name (type or print): Sandra A Dell<br>Date: 08/19/2016<br>Title: Member/Manager |        |                                                              |                     |
| Processed 08/19/2016                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                         |        |                                                              |                     |