| No. W 177391 | | Due no later than Jan 31, 2018 | 2. Registered | 2. Registered Agent and Address (NO PO BOX) LORI RENN | | | |
|--|--------------------|--|-----------------------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | 2000 CONTROL OF THE RESERVE | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. CRAVE CATERING COMPANY, LLC LORI RENN 897 N YARMOUTH PL EAGLE ID 83616 | EAGLE ID | 897 N YARMOUTH PL EAGLE ID 83616-8361 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | |
| 4. Limited Liability Con | npanies: Enter Nai | mes and Addresses of at least one Member or Manager. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER LORI M RENN | | NN 897 N YARMOUTH PLACE | EAGLE | ID | USA | 83616 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Lori Renn | | Date: 01/16/2018 | | | |
| W 177391 | | Name (type or print): Lori Renn | | Title: owner | | | |
| Processed 01/16/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | |