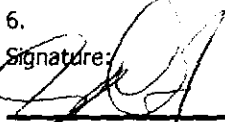


No. <b>W 133940</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/26/2015</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> STEVEN MURPHY 1166 CANOE LOOP VICTOR ID 83455																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> COOK LIKE A CHEF, LLC PO BOX 960 DRIGGS ID 83422		<b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Steve Murphy</td> <td>1166 Canoe Loop</td> <td>Victor</td> <td>ID</td> <td>USA</td> <td>83455</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Daniel Hayden</td> <td>4057 Moonbeam Way Apt 2103</td> <td>Lexington</td> <td>KY</td> <td>USA</td> <td>40515</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Steve Murphy	1166 Canoe Loop	Victor	ID	USA	83455	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Daniel Hayden	4057 Moonbeam Way Apt 2103	Lexington	KY	USA	40515	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Steve Murphy	1166 Canoe Loop	Victor	ID	USA	83455																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Daniel Hayden	4057 Moonbeam Way Apt 2103	Lexington	KY	USA	40515																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>W 133940</b>		<b>6.</b> Signature:  Name (type or print): <u>Steven D Murphy</u> Date: <u>7/1/15</u> Title: <u>owner</u>																																				

Issued 07/01/2015 by online

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM