No. W 163468		Due no later than Mar 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. DEE-LISH, LLC INEKE S LEON 3081 E 3400 N TWIN FALLS ID 83301		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				3081 E 3400 TWIN FALLS	INEKE S LEON 3081 E 3400 N TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	mes and Addresses of	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
Manager Member	INEKE S LE ARTURO M		3081 E 3400 N LEON 3081 E 3400 N	TWIN FALLS TWIN FALLS	ID ID		83301 83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 163468		Signature: Ineke S Leon		Date	Date: 03/29/2018			
		Name (type or print): Ineke S Leon		Title:	Title: Manager/Owner			
Processed 03/29/2018		* Electronically provided signatures are accepted as original signatures.						