

No. W 163468	Due no later than Mar 31, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		INEKE S LEON 3081 E 3400 N TWIN FALLS ID 83301			
	DEE-LISH, LLC INEKE LEON 3081 E TWIN FALLS ID 83301		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	ARTURO M LEON	3081 E 3400 N	TWIN FALLS	ID		83301
MANAGER	INEKE S LEON	3081 E 3400 N	TWIN FALLS	ID		83301
5. Organized Under the Laws of: ID W 163468	6. Annual Report must be signed.*					
		Signature: Ineke Leon	Date: 05/30/2017			
		Name (type or print): Ineke Leon	Title: Manager			
Processed 05/30/2017		* Electronically provided signatures are accepted as original signatures.				