

|  |                       |   |       |  |         |                       |  |
|--|-----------------------|---|-------|--|---------|-----------------------|--|
| No. <b>W 119757</b>  |                       | <b>Due no later than Dec 31, 2017</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>CUTTING EDGE KITCHENS LLC<br>CUTTING EDGE KITCHENS LLC<br>5032 W STATE ST<br>BOISE ID 83703<br>USA |       | BEN KALKMAN<br>5032 W STATE ST<br>BOISE ID 83703   |         |                       |  |
|  |                       |   |       | 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   | BENJAMIN CEES KALKMAN | 5032 W STATE ST   | BOISE | ID   | USA     | 83703                 |  |
| 5. Organized Under the Laws of:  |                       | 6. Annual Report must be signed.*   |       |  |         |                       |  |
| <b>ID<br/>W 119757</b>   |                       | Signature: Marla Cheldelin  |       |  |         | Date: 01/05/2018      |  |
|  |                       | Name (type or print): Marla Cheldelin   |       |  |         | Title: Office Manager |  |
| Processed 01/05/2018   |                       | * Electronically provided signatures are accepted as original signatures.   |       |  |         |                       |  |