





## STATE OF IDAHO

Office of the secretary of state, Phil McGrane ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

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-FILED-

File #: 0006141221

Date Filed: 3/4/2025 12:21:32 PM

| Entity Name and Mailing Address:  |           |                              |  |  |
|---|-----------|------------------------------|--|--|
| Entity Name:  |           | MOM'S PLACE GLUTEN-FRE       | MOM'S PLACE GLUTEN-FREE ACQUISITION, LLC |  |
| The file number of this entity on the records of the Idaho Secretary of State is: |           | 0000380631                   |  |  |
| Address   |           | ATTN: JANN CRAIG             |  |  |
|   |           | 779 ANTHON AVE               |  |  |
|   |           | IDAHO FALLS, ID 83401-3202   |  |  |
| Entity Details:   |           |                              |  |  |
| Entity Status   |           | Active-Existing              | Active-Existing                          |  |
| This entity is organized under the laws of:                                       |           | IDAHO                        | IDAHO                                    |  |
| If applicable, the old file number of this entity on the records of               |           | ds of W124164                | W124164                                  |  |
| the Idaho Secretary of State v  | vas:      |                              |  |  |
| The registered agent on record is:  |           |                              |  |  |
| Registered Agent  |           | JANN CRAIG                   |  |  |
|   |           | Registered Agent             |  |  |
|   |           | Physical Address             |  |  |
|   |           | 779 ANTHON AVE<br>JANN CRAIG |  |  |
|   |           | IDAHO FALLS, ID 83401        |  |  |
|   |           | Mailing Address              |  |  |
|   |           | 779 ANTHON AVE               |  |  |
|   |           | JANN CRAIG                   |  |  |
|   |           | IDAHO FALLS, ID 83401-3202   |  |  |
| Agent or Address Change   |           |                              |  |  |
| Select if you are appointing a new agent.   |           |                              |  |  |
| <u> </u>  | .9        |                              |  |  |
| Limited Liability Company Managers ar   | d Members |                              |  |  |
| Name  | TItle     | Business Add                 | ress                                     |  |
| Jann Craig  |           | 779 ANTHON AVE               |  |  |
|   |           | DAHO FALLS, ID 83401         |  |  |
|   |           |                              |  |  |
| The annual report must be signed by an authorized signer of the entity.           |           |                              |  |  |
| Job Title: Owner  |           |                              |  |  |
|   |           |                              |  |  |
| Jann Craig  |           |                              | 03/04/2025                               |  |
| Sign Here   |           |                              | Date                                     |  |
|   |           |                              |  |  |