







For Office Use Only

-FILED-

File #: 0005166662

Date Filed: 3/24/2023 10:58:44 AM

| Entity Name and Mailing Address: | | | |
|--|-----------|--|--|
| Entity Name: | ZA | ANUKA LABS LLC | |
| The file number of this entity on the records of the Ida Secretary of State is: | aho 00 | 004661401 | |
| Address | | O BOX F ANDPOINT, ID 83864-0120 | |
| Entity Details: | | | |
| Entity Status | Ac | ctive-Existing | |
| This entity is organized under the laws of: | | IDAHO | |
| If applicable, the old file number of this entity on the rathe Idaho Secretary of State was: | ecords of | | |
| The registered agent on record is: | | | |
| Registered Agent | | BUSINESS FILINGS INCORPORATED | |
| | | Commercial Registered Agent Physical Address | |
| | | 555 W SHORELINE DR | |
| | ST | TE 100 | |
| | | OISE, ID 83702 | |
| | | ailing Address | |
| | | 555 W SHORELINE DR TE 100 | |
| | | OISE, ID 83702 | |
| Agent or Address Change | | | |
| Select if you are appointing a new agent. | | | |
| Limited Liability Company Managers and Members | | | |
| Name | Title | Business Address | |
| ■ MICHAEL DELUCCHI | Member | PO BOX F SANDPOINT, ID 83864 | |
| ■ ASHLEY DELUCCHI | Member | PO BOX F SANDPOINT, ID 83864 | |
| The annual report must be signed by an authorized signer of the enti Job Title: Member | ity. | | |
| Michael Delucchi | | 03/24/2023 | |
| Sign Here | | Date | |