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|--|---|---|--|-------|---------|-------------|
| No. <b>W 168856</b>  | <b>Due no later than Jul 31, 2018</b><br><b>Annual Report Form</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>PATRICIA'S CULINARY SERVICES LLC<br>PATRICIA S HEBERT JENKS<br>2900 N GOVERNMENT WAY PMB 110<br>COEUR D ALENE ID 83815 |   | PATRICIA HEBERT-JENKS<br>5143 W CRAZY CREEK RD<br>COEUR D ALENE ID 83814 |       |         |             |
|  |   |   | 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   | PATRICIA HEBERT-JENKS   | 2900 N GOVERNMENT WAY PMB 110   | COEUR D ALENE  | ID    | USA     | 83815       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 168856</b>  | 6. Annual Report must be signed.*<br>Signature: Patricia Hebert Jenks<br>Name (type or print): Patricia Hebert Jenks  |   | Date: 09/16/2018<br>Title: owner   |       |         |             |
| Processed 09/16/2018   |   | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |