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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------|---------|-------------|--|
| No. <b>W 85667</b>                                                                                                                                     |                    | <b>Due no later than Jul 31, 2016</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>STUDIO ITALIANO LLC<br>GIUSTINA LUCARELLI<br>1775 W STATE ST #119<br>BOISE ID 83702<br>USA |       | TARTER & ASSOCIATES PA<br>1010 S ORCHARD ST<br>BOISE ID 83705 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                                                              |       | 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                                                                                                                                                 | GIUSTINA LUCARELLI | 1775 W STATE ST #119                                                                                                                                                                         | BOISE | ID                                                            | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 85667</b>                                                                                           |                    | 6. Annual Report must be signed.*<br>Signature: Giustina Lucarelli<br>Name (type or print): Giustina Lucarelli<br>Date: 05/28/2016<br>Title: Member                                          |       |                                                               |         |             |  |
| Processed 05/28/2016                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                                    |       |                                                               |         |             |  |