

No. W 165825	Due no later than May 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CULINNOVATIONS LLC AMANDA M DEMMERLY 519 EASTRIDGE DR KIMBERLY ID 83341 USA		AMANDA DEMMERLY 519 EASTRIDGE DR KIMBERLY ID 83341			
			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	AMANDA M DEMMERLY	519 EASTRIDGE DR	KIMBERLY	ID	USA	83341
5. Organized Under the Laws of: ID W 165825	6. Annual Report must be signed.* Signature: Amanda Demmerly Name (type or print): Amanda Demmerly		Date: 05/15/2017 Title: President			
Processed 05/15/2017		* Electronically provided signatures are accepted as original signatures.				