

|                                                                                                                                                        |                 |                                                                                                                                                 |      |                                                             |         |                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------|---------|-----------------------|--|
| No. <b>W 170763</b>                                                                                                                                    |                 | <b>Due no later than Aug 31, 2017</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>QUINTESSENCE S.P.A., LLC<br>MICHELLE HARRIS<br>3330 N RHONE PLACE<br>STAR ID 83669 |      | MICHELLE HARRIS<br>3330 N RHONE PLACE<br>STAR ID 83669-8366 |         |                       |  |
|                                                                                                                                                        |                 |                                                                                                                                                 |      | 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                                                                                                                                                 | MICHELLE HARRIS | 3330 N RHONE PL                                                                                                                                 | STAR | ID                                                          | USA     | 83669                 |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                               |      |                                                             |         |                       |  |
| <b>ID<br/>W 170763</b>                                                                                                                                 |                 | Signature: Michelle Harris                                                                                                                      |      |                                                             |         | Date: 07/10/2017      |  |
|                                                                                                                                                        |                 | Name (type or print): Michelle Harris                                                                                                           |      |                                                             |         | Title: Business Owner |  |
| Processed 07/10/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                       |      |                                                             |         |                       |  |