

|                                                                                                                                                        |             |                                                                                                                                                       |          |                                                                |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------|---------|------------------|--|
| No. <b>C 84263</b>                                                                                                                                     |             | <b>Due no later than Jul 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><br>CUTLERY SHOPPE, INC.<br>JEFF LOFFER<br>3956 E VANTAGE POINTE LN<br>MERIDIAN ID 83642 |          | JEFF LOFFER<br>3956 E VANTAGE POINTE LANE<br>MERIDIAN ID 83642 |         |                  |  |
|                                                                                                                                                        |             |                                                                                                                                                       |          | 3. <u>New</u> Registered Agent Signature:*                     |         |                  |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |             |                                                                                                                                                       |          |                                                                |         |                  |  |
| Office Held                                                                                                                                            | Name        | Street or PO Address                                                                                                                                  | City     | State                                                          | Country | Postal Code      |  |
| PRESIDENT                                                                                                                                              | JEFF LOFFER | 3956 E VANTAGE POINTE LN                                                                                                                              | MERIDIAN | ID                                                             | USA     | 83642            |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                                                                                                     |          |                                                                |         |                  |  |
| <b>ID<br/>C 84263</b>                                                                                                                                  |             | Signature: Jeff Loffer                                                                                                                                |          |                                                                |         | Date: 06/02/2017 |  |
|                                                                                                                                                        |             | Name (type or print): Jeff Loffer                                                                                                                     |          |                                                                |         | Title: President |  |
| Processed 06/02/2017                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                             |          |                                                                |         |                  |  |