No. W 129351		Due no later than Sep 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. SMITH, LLC 161 5TH AVE S STE 200 TWIN FALLS ID 83301		2. F	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					DEAGLE, AMES & CO INC 161 5TH AVE S STE 200 TWIN FALLS ID 83301 3. New 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	Ci	ty	State	Country	Postal Code
MEMBER	SPENCER SI	MITH	300 1ST AVE W, #13	JE	ROME	ID	USA	83338
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Spencer Smith			Date: 08/12/2014			
W 129351		Name (type or print): Spencer Smith			Title: Member			
Processed 08/12/2014 * Electronically provided signatures are accepted as original signatures.								