No. C 205948		Due no later than May 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. SMILES BOUTIQUE INC. 10810 GOLDENROD AVE BOISE ID 83713		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				KRISTI BARLOW 10810 GOLDENROD AVE BOISE ID 83713 3. New Registered Agent Signature:*				
4. Corporations: Enter Names a	and Busine	ess Addresses of Presider	nt, Secretary, and Directors. Tre	easurer (optional).			
Office Held Nan	ne		Street or PO Address		City	State	Country	Postal Code
PRESIDENT KRISTI BARLO		OW	10810 GOLDENROD AVE		BOISE	ID		83713
5. Organized Under the Laws of: WY C 205948		6. Annual Report must be signed.* Signature: Kristi Barlow Name (type or print): Kristi Barlow			Date: 03/28/2016 Title: COO			
Processed 03/28/2016 * Electronically provided signatures are accepted as original signatures.								