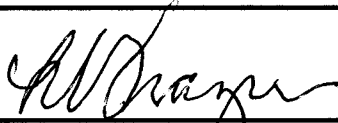
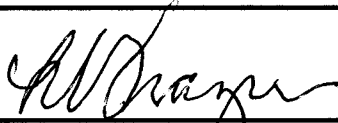
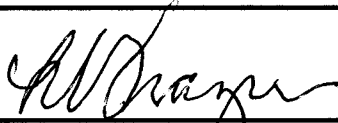


| | | | |
|--|---|--|--|
| No. W 128250 | Due no later than Aug 31, 2016 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) L C FRAZEE 307 SETTLERS LN MOYIE SPRINGS ID 83845 |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. SMEAC, LLC L C FRAZEE PO BOX 428 MOYIE SPRINGS ID 83845 | | 3. <u>New</u> Registered Agent Signature. |

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code |
|---|------------|----------------------|--------|-------|---------|-------------|
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Tierrez | 117 All Seasons Rd | Naples | Idaho | USA | 83847 |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | Cartwright | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |

| | | | | | |
|---|--|---|-----------------------|--|---------------------|
| 5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 128250 </div> | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>8/8/2016</u> </td> </tr> <tr> <td> Name (type or print): <u>L.C. Frazee</u> </td> <td> Title: <u>OWNER</u> </td> </tr> </table> | Signature:  | Date: <u>8/8/2016</u> | Name (type or print): <u>L.C. Frazee</u> | Title: <u>OWNER</u> |
| Signature:  | Date: <u>8/8/2016</u> | | | | |
| Name (type or print): <u>L.C. Frazee</u> | Title: <u>OWNER</u> | | | | |

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