No. W 149291	Du	Due no later than Mar 31, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form			JOHN BURTENSHAW				
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed. SMILES 4 KIDS BLACKFOOT PLLC JOHN BURTENSHAW 621 JENSEN GROVE DRIVE		5183 E 21ST STREET IDAHO FALLS ID 83406-8340				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	JOHN BURTE							
	BLACKFOOT	BLACKFOOT ID 83221		3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter	Names and Address	es of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MANAGER NATALY PENUELAS		621 JENSEN GROVE DRIVE	BLACKFOOT	ID	USA	83221		
5. Organized Under the Laws of: 6. Annual Report must be signed.*								
ID	Signature: Na	Signature: Nataly Penuelas			Date: 01/30/2017			
W 149291	Name (type o	Name (type or print): Nataly Penuelas		Title: Office Manager				
Processed 01/30/2017	* Electronically provided signatures are accepted as original signatures.							