

|                                                                                                                                                        |               |                                                                                |               |                                                        |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------|---------------------|
| No. <b>W 99790</b>                                                                                                                                     |               | <b>Due no later than Jan 31, 2015</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>Annual Report Form</b>                                                      |               | DAVID G FISHER<br>308 S 14TH ST<br>COEUR D ALENE 83814 |                     |
|                                                                                                                                                        |               | <b>1. Mailing Address: Correct in this box if needed.</b>                      |               | 3. <u>New</u> Registered Agent Signature:*             |                     |
|                                                                                                                                                        |               | SMART MEMORY, LLC<br>DAVID G FISHER<br>308 S 14TH ST<br>COEUR D ALENE ID 83814 |               |                                                        |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |               |                                                                                |               |                                                        |                     |
| Office Held                                                                                                                                            | Name          | Street or PO Address                                                           | City          | State                                                  | Country Postal Code |
| MEMBER                                                                                                                                                 | MARY C FISHER | 308 S 14TH ST.                                                                 | COEUR D'ALENE | ID                                                     | USA 83814           |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                              |               |                                                        |                     |
| <b>ID<br/>W 99790</b>                                                                                                                                  |               | Signature: Mary C Fisher                                                       |               | Date: 12/02/2014                                       |                     |
|                                                                                                                                                        |               | Name (type or print): Mary C Fisher                                            |               | Title: Treasurer                                       |                     |
| Processed 12/02/2014                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.      |               |                                                        |                     |