

No. W 96859		Due no later than Oct 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SMILES 4 KIDS, LLC 1411 FALLS AVE E #1000C TWIN FALLS ID 83301		TRENT PRYOR 1411 FALLS AVE E #1000C TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> 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	City	State	Country	Postal Code	
MEMBER	S4K HOLDINGS PC	1411 FALLS AVE E #1000C	TWIN FALLS	ID	USA	83301	
MEMBER	TWIN FALLS S4K PC	1411 FALLS AVE E #1000C	TWIN FALLS	ID	USA	83301	
MEMBER	S4K PC	1411 FALLS AVE E #1000C	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 96859		6. Annual Report must be signed.* Signature: Trent Pryor Name (type or print): Trent Pryor					
		Date: 09/24/2014 Title: Member					
Processed 09/24/2014		* Electronically provided signatures are accepted as original signatures.					