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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------|---------------------|
| No. <b>W 94470</b>                                                                                                                                     |                     | <b>Due no later than Jun 30, 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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>2 SMOOTS, LLC<br>DOUGLAS SMOOT<br>3517 N. PINE HILL PL<br>COEUR D ALENE ID 83815 |               | DOUGLAS SMOOT<br>3517 N. PINE HILL PL<br>COEUR D ALENE ID 83815 |                     |
|                                                                                                                                                        |                     |                                                                                                                                                                                    |               | 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 |
| MANAGER                                                                                                                                                | DOUGLAS RULON SMOOT | 3517 PINEHILL PL.)                                                                                                                                                                 | COEUR D ALENE | ID                                                              | USA 83815           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 94470</b>                                                                                           |                     | 6. Annual Report must be signed.*<br>Signature: Douglas Smoot<br>Name (type or print): Douglas Smoot<br>Date: 04/22/2015<br>Title: Manager                                         |               |                                                                 |                     |
| Processed 04/22/2015                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                                          |               |                                                                 |                     |