

No. W 73839		Due no later than Apr 30, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JEFFREY K SMITH 2960 E MIGRATORY DR BOISE ID 83706	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. JEFFREY K. SMITH, PLLC JEFFREY K SMITH 2960 E MIGRATORY DR BOISE ID 83706		3. <u>New</u> Registered Agent Signature.	
NO FILING FEE IF RECEIVED BY DUE DATE					
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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Jeffrey K Smith	300 W. Main St, Suite 117	Boise	Id	83702
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.			
IDAHO W 73839		Signature: <u>Jeff Smith</u>		Date: <u>4/27/18</u>	
		Name (type or print): <u>Jeff Smith</u>		Title: <u>sole practitioner</u>	
Issued 04/27/2018 by TLB					

INSTRUCTIONS FOR THE IDHHS ANNUAL REPORT FORM