| No. W 175718 Return to: | | Due no later than Dec 31, 2017 Annual Report Form | | Registered Agent and Address (NO PO BOX) MINA ASHKANNEJHAD | | | | |
|--|------------------|--|--------------------------------------|---|--|------------------|---------|-------------|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. LANGSTON SMASH LLC MINA ASHKANNEJHAD 717 W C STREET MOSCOW ID 83843 | | led. | 717 W C STREET MOSCOW ID 83843-8384 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Comp | anies: Enter Nai | mes and Addresses | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER MINA ASHKAN | | ANNEJHAD | 717 | | MOSCOW | ID | USA | 83843 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: mina ashkannejhad | | | | Date: 11/17/2017 | | |
| W 175718 | | Name (type or print): mina ashkannejhad Title: manager | | | | | | |
| Processed 11/17/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |