




No. W 129343	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) TERESA COUMERILH 725 S WOODRUFF AVE IDAHO FALLS ID 83403-8344																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. EDUCATION, LLC SMITH CONSULTING INC 212 N 3785 E RIGBY ID 83442		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>TIM SMITH</td> <td>212 N 3785 E</td> <td>RIGBY</td> <td>ID</td> <td>USA</td> <td>83442</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	TIM SMITH	212 N 3785 E	RIGBY	ID	USA	83442	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	TIM SMITH	212 N 3785 E	RIGBY	ID	USA	83442																																
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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 129343 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u></u> </td> <td style="width: 40%;"> Date: <u>4/7/16</u> </td> </tr> <tr> <td> Name (type or print): <u>Tim Smith</u> </td> <td> Title: <u>Member</u> </td> </tr> </table>		Signature: <u></u>	Date: <u>4/7/16</u>	Name (type or print): <u>Tim Smith</u>	Title: <u>Member</u>																															
Signature: <u></u>	Date: <u>4/7/16</u>																																					
Name (type or print): <u>Tim Smith</u>	Title: <u>Member</u>																																					
Issued 04/07/2016 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM