


No. <b>W 160996</b>	Due no later than Jan 31, 2018 <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JOHN THOMAS MEUSER 2075 N MAPLE GROVE RD BOISE ID 83704
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. Mailing Address: Correct in this box if needed. H2 SMOKE LLC JOHN THOMAS MEUSER <del>2075 N MAPLE GROVE RD</del> <del>BOISE ID 83704 USA</del> <b>1387 N Cormorant Pl #H203</b> <b>Boise ID 83713</b>		3. <u>New</u> Registered Agent Signature.
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 type="checkbox"/>	<b>John Meuser</b> <b>1387 N Cormorant Pl</b> <b>Boise ID ADA</b> <b>83713</b> <b>Apt # H203</b>		
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-weight: bold; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">W 160996</div>		6. Signature:  Date: <u>2018/03/01</u> Name (type or print): <u>John T Meuser</u> Title: <u>Owner</u>	
Issued 02/23/2018 by SLD		132252	

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM