| No. C 144869  | Due no later than Jul 31, 2012 Annual Report Form  2. Registered Agent and Office (NOT A P.O. BOX)             |   |
|---|--|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080  | 1. Mailing Address: Correct in this box if needed.  SMOKEHOUSE, INC.  MAX STORCH  424 6TH ST  WALLACE ID 83873 | HOLLIS J ANDERSON<br>416 SIXTH STREET<br>WALLACE ID 83873 |
| NO FILING FEE IF<br>RECEIVED BY DUE<br>DATE   |  | 3. <u>New</u> Registered Agent Signature.                 |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.  Office Held  Name Street or PO Address City State Country Postal Code  Vesident/ WAX STORCH 424-6+5t, Wallace, ID SHOHONE 83873  Secretary  Secretary, Directors and (optional) Treasurer.  Postal Code  Vesident/ WAX STORCH 424-6+5t, Wallace, ID SHOHONE 83873  Secretary  SHELLA JENKINS 424-6+5t, Wallace, ID SHOHONE  83673 |  |   |
| 5. Organized Under the Law<br>IDAHO<br>C 144869   | Nos of: 6. Signature: May Mau Name (type or print): MAX 5T6 RCH  | Data: 614/12 Title! PRESIDENT                             |
| Issued 06/08/2012 by ⊔C 105264  |  |   |
|   |  |   |

. -