

No. <b>C 205619</b>	<b>Due no later than Apr 30, 2017</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> MEDICINE MAN WEST LEASING, INC. DONALD R SMITH 802 E MEDICAL COURT POST FALLS ID 83854	DONALD R SMITH 802 E MEDICAL COURT POST FALLS ID 83854  3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
VICE PRESIDENT	KATHIE J SMITH	9363 W DRIFTWOOD DRIVE	COEURD'ALENE	ID	USA	83814
PRESIDENT	DONALD R SMITH	9363 W DRIFTWOOD DRIVE	COEURD'ALENE	ID	USA	83814
5. Organized Under the Laws of:  <b>ID C 205619</b>	6. Annual Report must be signed.* Signature: Donald Smith Name (type or print): Donald Smith		Date: 04/25/2017 Title: President			
Processed 04/25/2017		* Electronically provided signatures are accepted as original signatures.				