| No. C 204040 | | Due no later than Nov 30, 2015 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|------|---|----------------------|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | GARY M LEMARR | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address SODA SMILES, INC. GARY M LEMARR 180 S. MAIN STREET SODA SPRINGS ID | SODA SPRINGS | 180 S MAIN ST SODA SPRINGS ID 83276 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 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 |
| PRESIDENT GARY M LEM/ | | MARR | 180 S. MAIN STREET | SODA SPRINGS | ID | USA | 83276 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Gary M Lemarr | | Date: 10/19/2015 | | | |
| C 204040 | | Name (type or print) | Title: President | | | | |
| Processed 10/19/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | |