No. W 96859		Due no later than Oct 31, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. SMILES 4 KIDS, LLC TRENT PRYOR 1411 FALLS AVE E #1000C TWIN FALLS ID 83301		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) TRENT PRYOR 1411 FALLS AVE E #1000C TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				1411 FALLS A				
		nes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER TREVOR SMIT		ITH	1411 FALLS AVE E #1000C	TWIN FALLS	ID	USA	83301	
MEMBER TRENT PRYC		OR	1411 FALLS AVE E #1000C	TWIN FALLS	ID	USA	83301	
MEMBER	DENNIS G S	TODDARD	1411 FALLS AVE E #1000C	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 96859		Signature: Trent Pryor			Date: 10/30/2013			
		Name (type or print): Trent Pryor		Title: Member				
Processed 10/30/2013	* Electronically provided signatures are accepted as original signatures.							