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| No. W 60691 | | Due no later than Mar 31, 2016 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. SIGNATURE SMILES, LLC LARRY J KEMP 1541 E CLARK ST POCATELLO ID 83201 | | LARRY J KEMP 1541 E CLARK ST POCATELLO ID 83201 | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country Postal Code |
| MEMBER | LARRY J KEMP | 2600 N STONE RIVER CIRCLE | POCATELLO | ID | 83204 |
| 5. Organized Under the Laws of: ID W 60691 | | 6. Annual Report must be signed.* Signature: Larry J Kemp Name (type or print): Larry J Kemp Date: 01/19/2016 Title: Member | | | |
| Processed 01/19/2016 | | * Electronically provided signatures are accepted as original signatures. | | | |