

|  |                |   |          |   |                         |             |  |
|--|----------------|---|----------|---|-------------------------|-------------|--|
| No. <b>W 81642</b>   |                | <b>Due no later than Feb 28, 2017</b>   |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |                         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SCHMIDT ENTERPRISES LLC<br>CARRIE L SCHMIDT<br>613 BRYDEN AVE STE C-189<br>LEWISTON ID 83501 |          | CARRIE SCHMIDT<br>3809 15TH ST<br>LEWISTON ID 83501 |                         |             |  |
|  |                |   |          | 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   | FRED L SCHMIDT | 3809 15TH STREET  | LEWISTON | ID  | USA                     | 83501-5807  |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*   |          |   |                         |             |  |
| <b>ID<br/>W 81642</b>  |                | Signature: Carrie L Schmidt   |          |   | Date: 02/03/2017        |             |  |
|  |                | Name (type or print): Carrie L Schmidt  |          |   | Title: Managing Partner |             |  |
| Processed 02/03/2017   |                | * Electronically provided signatures are accepted as original signatures.   |          |   |                         |             |  |