

No. <b>W 140351</b>		<b>Due no later than Jul 31, 2018</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>1. Mailing Address: Correct in this box if needed.</b>  SMITH - ALTURAS, LLC SHARON SMITH 126 SMOKEY DOME ROAD FAIRFIELD ID 83327 USA		SHARON SMITH 126 SMOKEY DOME RD FAIRFIELD ID 83327			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name SHARON L SMITH	Street or PO Address 126 SMOKEY DOME RD		City FAIRFIELD	State ID	Country USA	Postal Code 83327
5. Organized Under the Laws of:  <b>ID</b> <b>W 140351</b>		6. Annual Report must be signed.*  Signature: Sharon Smith Name (type or print): Sharon Smith  Date: 06/01/2018 Title: Agent					
Processed 06/01/2018 * Electronically provided signatures are accepted as original signatures.							