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|--|----------------|--|-----------|--|---------|-------------|--|
| No. W 140351 | | Due no later than Jul 31, 2018 | | 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 | | 1. Mailing Address: Correct in this box if needed. SMITH - ALTURAS, LLC SHARON SMITH 126 SMOKEY DOME ROAD FAIRFIELD ID 83327 USA | | SHARON SMITH 126 SMOKEY DOME RD FAIRFIELD ID 83327 | | | |
| | | | | 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 | SHARON L SMITH | 126 SMOKEY DOME RD | FAIRFIELD | ID | USA | 83327 | |
| 5. Organized Under the Laws of: ID W 140351 | | 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. | | | | | |