No. <b>W 101434</b>		Due no later than Mar 31, 2016		2. I	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  PROOF OF CONCEPT VENTURES, LLC CURTICE SMITH  1859 N. HONEYSUCKLE LANE INKOM ID 83245			CURTICE SMITH  1859 N. HONEYSUCKLE LANE INKOM ID 83245  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		14011 15 03213						
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	C	ity	State	Country	Postal Code
MANAGER CURTICE SM		ИITH	1859 N. HONEYSUCKLE LANE	IV	IKOM	ID	USA	83245
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Curtice Smith			Date: 03/25/2016			
W 101434		Name (type or print): Curtice Smith			Title: Manager			
Processed 03/25/2016 * Electronically provided signatures are accepted as original signatures.								