

|  |              |  |       |  |         |             |  |
|--|--------------|--|-------|--|---------|-------------|--|
| No. <b>W 156788</b>  |              | <b>Due no later than Sep 30, 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>SMITH TRAINING AND CONSULTING, LLC<br>KIRK SMITH<br>3742 S CROSSPOINT AVE<br>BOISE ID 83706 |       | KIRK SMITH<br>3742 S CROSSPOINT AVE<br>BOISE ID 83706-8370 |         |             |  |
|  |              |  |       | 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 |  |
| MANAGER  | KIRK F SMITH | 3742 S CROSSPOINT AVE  | BOISE | ID   | USA     | 83706       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 156788</b>  |              | 6. Annual Report must be signed.*<br>Signature: KIRK F SMITH<br>Name (type or print): KIRK F SMITH<br>Date: 08/08/2017<br>Title: Manager                 |       |  |         |             |  |
| Processed 08/08/2017   |              | * Electronically provided signatures are accepted as original signatures.  |       |  |         |             |  |