No. **W 55391**	**Due no later than Oct 31, 2016** **Annual Report Form**	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.** SMF-2, LLC LINDA G FLORENCE 140 E. BOISE AVE. BOISE ID 83706-4373	MICHAEL J FLORENCE DMD 140 E. BOISE AVE. BOISE ID 83706 3. New 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	MICHAEL J FLORENCE DMD	140 E BOISE AVE	BOISE	ID		83706
MANAGER	SHARON M FLORENCE	140 E BOISE AVE	BOISE	ID		83706
MANAGER	LINDA G FLORENCE	140 E BOISE AVE	BOISE	ID		83706

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 55391**	Signature: Linda G Florence Name (type or print): Linda G Florence	Date: 08/31/2016 Title: Manager
Processed 08/31/2016	* Electronically provided signatures are accepted as original signatures.	