

No. W 81642		Due no later than Feb 28, 2014 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		1. Mailing Address: Correct in this box if needed. SCHMIDT ENTERPRISES LLC CARRIE L SCHMIDT 613 BRYDEN AVE STE C-189 LEWISTON ID 83501		CARRIE SCHMIDT 3809 15TH ST LEWISTON ID 83501			
NO FILING FEE IF RECEIVED BY DUE DATE				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 FRED L SCHMIDT	Street or PO Address 3809 15TH STREET		City LEWISTON	State ID	Country USA	Postal Code 83501-5807
5. Organized Under the Laws of: ID W 81642		6. Annual Report must be signed.* Signature: Carrie L Schmidt Name (type or print): Carrie L Schmidt Date: 02/17/2014 Title: Managing Partner					
Processed 02/17/2014 * Electronically provided signatures are accepted as original signatures.							