

No. W 62151		Due no later than Apr 30, 2012 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. S & M DISTRIBUTING, LLC MARC TRIVELPIECE 411 HARVEST DR MOSCOW ID 83843		MARCUS TRIVELPIECE 411 HARVEST DR MOSCOW ID 83843			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	MARCUS TRIVELPIECE	411 HARVEST	MOSCOW	ID	USA	83843	
MANAGER	STACEY TRIVELPIECE	411 HARVEST	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of: ID W 62151		6. Annual Report must be signed.* Signature: Marc Trivelpiece Name (type or print): Marc Trivelpiece					
		Date: 02/13/2012 Title: Manager					
Processed 02/13/2012 * Electronically provided signatures are accepted as original signatures.							