

|  |                      |  |          |   |         |                   |  |
|--|----------------------|--|----------|---|---------|-------------------|--|
| No. <b>C 124025</b>  |                      | <b>Due no later than May 31, 2011</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SMX, INC.<br>GHEEN CHRISTOFFERSEN<br>PO BOX 778<br>HOMEDALE ID 83628 |          | GHEEN CHRISTOFFERSEN<br>17191 HWY 95<br>WILDER ID 83676 |         |                   |  |
|  |                      |  |          | 3. <u>New</u> Registered Agent Signature:*              |         |                   |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                      |  |          |   |         |                   |  |
| Office Held  | Name                 | Street or PO Address   | City     | State   | Country | Postal Code       |  |
| PRESIDENT  | GHEEN CHRISTOFFERSEN | PO BOX 418   | HOMEDALE | ID  | USA     | 83628             |  |
| 5. Organized Under the Laws of:  |                      | 6. Annual Report must be signed.*  |          |   |         |                   |  |
| <b>ID<br/>C 124025</b>   |                      | Signature: Devra Christoffersen  |          |   |         | Date: 04/20/2011  |  |
|  |                      | Name (type or print): Devra Christoffersen   |          |   |         | Title: Bookkeeper |  |
| Processed 04/20/2011   |                      | * Electronically provided signatures are accepted as original signatures.  |          |   |         |                   |  |