

No. W 140382		Due no later than Jul 31, 2015 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. SMOKEY RIVER REPAIRS, LLC OWEN OLAH 1213 E 4400 N BUHL ID 83316		OWEN OLAH 1213 E 4400 N BUHL ID 83316			
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 MANAGER	Name OWEN OLAH	Street or PO Address 1213 EAST 4400 NORTH		City BUHL	State ID	Country USA	Postal Code 83316
5. Organized Under the Laws of: ID W 140382		6. Annual Report must be signed.* Signature: Owen Olah Name (type or print): Owen Olah Date: 06/01/2015 Title: Owner					
Processed 06/01/2015 * Electronically provided signatures are accepted as original signatures.							