| No. W 55391 | Due | Due no later than Oct 31, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|---|----------------|---|------------|----------------|--|
| Return to: | | Annual Report Form | | MICHAEL J FLORENCE DMD | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON | 1. Mailing Add | 1. Mailing Address: Correct in this box if needed. SMF-2, LLC LINDA G FLORENCE 140 E. BOISE AVE. BOISE ID 83706-4373 USA | | 140 E. BOISE AVE. BOISE ID 83706 3. New Registered Agent Signature:* | | | |
| PO BOX 83720 BOISE, ID 83720-0080 | 140 E. BOISE AV | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 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 | |
| | J FLORENCE DMD M FLORENCE | 140 E BOISE AVE 140 E BOISE AVE | BOISE BOISE | ID ID | USA USA | 83706 83706 | |
| | FLORENCE | 140 E BOISE AVE 140 E BOISE AVE | BOISE | ID | USA | 83706 | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | nust be signed.* | | | | | |
| ID Signature: Lin | | a Florence Date: 08/18/2014 | | | | | |
| W 55391 | Name (type or p | Name (type or print): Linda Florence | | Title: Manager | | | |
| Processed 08/18/2014 | * Electronically provided signatures are accepted as original signatures. | | | | | | |