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|--|--------------------|--|-------------|---|-------------------|-------------|--|
| No. W 43488 | | Due no later than Oct 31, 2015 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | ANDY BARRY 465 ADDISON AVE WEST TWIN FALLS ID 83301 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | SMOKE'EM PROPERTIES, L.L.C. SUSAN BARRY 465 ADDISON AVE WEST TWIN FALLS ID 83301 USA | | | | | |
| 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 | ASB PROPERTIES LLC | 465 ADDISON AVE WEST | TWIN FALLS | ID | | 83301 | |
| MEMBER | JOSEPH RAMOS | 3905 PIERSON STREET | WHEAT RIDGE | CO | USA | 80033 | |
| MEMBER | GREGG OLSEN | 139 RIVER VISTA PLACE | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 43488 | | Signature: Michelle Frostenson | | | Date: 08/17/2015 | | |
| | | Name (type or print): Michelle Frostenson | | | Title: Controller | | |
| Processed 08/17/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |