

No. W 136792		Due no later than Apr 30, 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		1. Mailing Address: Correct in this box if needed. IDAHO MOBILE SMILES, LLC AMANDA SCHLOFMAN 5638 MORPHEUS PL MERIDIAN ID 83646		AMANDA SCHLOFMAN 5638 MORPHEUS PL MERIDIAN ID 83646			
				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	
MEMBER	AMANDA SCHLOFMAN	5638 N. MORPHEUS PL	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of: ID W 136792		6. Annual Report must be signed.* Signature: Amanda Schlofman Name (type or print): Amanda Schlofman			Date: 05/22/2015 Title: Owner		
Processed 05/22/2015		* Electronically provided signatures are accepted as original signatures.					