

No. W 136792		Due no later than Apr 30, 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. IDAHO MOBILE SMILES, LLC AMANDA SCHLOFMAN 5638 MORPHEUS PL MERIDIAN ID 83646		AMANDA SCHLOFMAN 5638 MORPHEUS PL MERIDIAN ID 83646			
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 MEMBER	Name AMANDA SCHLOFMAN	Street or PO Address 5638 N. MORPHEUS PL		City MERIDIAN	State ID	Country USA	Postal Code 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.							