No. W 125937		Due no later than Jun 30, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. SMILEMAKERS PLLC PAUL P ROMRIELL 142 RIVER VISTA PL TWIN FALLS ID 83301		142 RIVER V TWIN FALLS	PAUL ROMRIELL 142 RIVER VISTA PL TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE			- f-t-lt					
	es: Enter Nai Name	mes and Addresse	s of at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
	JANELLE T	ROMRIELL	787 QUINCY ST.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jan		Date: 05/26/2015				
W 125937		Name (type or		Title: manager				
Processed 05/26/2015	* Electronically provided signatures are accepted as original signatures.							