No. <b>C 171022</b>	Due no later than Jan 31, 2018	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form TRACI WILKINSON					
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		2755 RIDGECREST DR			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SNAKE RIVER SUMMER SMASH CO. TRACI WILKINSON 2755 RIDGECREST DR		IDAHO FALLS ID 83404  3. New Registered Agent Signature:*			
NO 55 70 55 75	IDAHO FALLS ID 83404	3. <u>New</u> Registers	3. <u>New</u> Registered Agent Signature.			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Names and Busi	ness Addresses of President, Secretary, and Directors. Treas	surer (optional).				
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR TRACI FOS	STER 1127 COUNTRY RD.	IDAHO FALLS	ID	USA	83402	
DIRECTOR KAYLYNN R	RESENDEZ 4910 CAMAS CREEK DR	IONA	ID	USA	83427	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Traci Wilkinson		Date: 11/28/2017			
C 171022	Name (type or print): Traci Wilkinson		Title: Officer			
Processed 11/28/2017	* Electronically provided signatures are accepted as original	al cianaturos				