No. W 53445		Due no later than Aug 31, 2010		2. Registered	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. SMACK GROUP LLC (THE) TI R SMACK 647 W WATER GROVE DR EAGLE ID 83616		647 W WATEAGLE ID	TI R SMACK 647 W WATER GROVE DR EAGLE ID 83616 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan Office Held	ies: Enter Nar Name	nes and Address	ses of at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
MEMBER	TI R SMACK JEVONNE N SMACK		647 W WATER GROVE DR 647 W WATER GROVE DR	EAGLE EAGLE	ID ID	USA USA	83616 83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: T	ï R Smack		Date: 06/10/2010			
W 53445		Name (type	or print): Ti R Smack		Title: Member			
Processed 06/10/2010	ocessed 06/10/2010 * Electronically provided signatures are accepted as original signatures.							