

No. <b>W 108318</b>		<b>Due no later than Nov 30, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SMILES 4 KIDS BURLEY, LLC 1411 FALLS AVE E #1000C TWIN FALLS ID 83301		TRENT PRYOR 1411 FALLS AVE E #1000C TWIN FALLS ID 83301			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	SMILES 4 KIDS PC	1411 FALLS AVE E #1000C	TWIN FALLS	ID	USA	83301	
MEMBER	TWIN FALLS S4K PC	1411 FALLS AVE E #1000C	TWIN FALLS	ID	USA	83301	
MEMBER	S4K PC	1411 FALLS AVE E #1000C	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID</b> <b>W 108318</b>		6. Annual Report must be signed.*  Signature: Trent Pryor Name (type or print): Trent Pryor  Date: 11/08/2012 Title: Member					
Processed 11/08/2012		* Electronically provided signatures are accepted as original signatures.					