

No. W 120846	Due no later than Jan 31, 2017 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SMITHSON TOWING & RECOVERY II LLC KRISTINA LEIGH SMITHSON 311 S WESTWOOD DR POST FALLS ID 83854		KRISTINA L SMITHSON 306 W 4TH AVE APT 55 POST FALLS ID 83854			
			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
MANAGER	SHAWN JACOB SMITHSON	311 S WESTWOOD DR	POST FALLS	ID	USA	83854
5. Organized Under the Laws of: ID W 120846		6. Annual Report must be signed.* Signature: KRISTINA SMITHSON Name (type or print): KRISTINA SMITHSON		Date: 11/21/2016 Title: OWNER		
Processed 11/21/2016		* Electronically provided signatures are accepted as original signatures.				