No. <b>W 120846</b>	Due no later than Jan 31, 2017		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		KRISTINA L				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  SMITHSON TOWING & RECOVERY II LLC  KRISTINA LEIGH SMITHSON  311 S WESTWOOD DR		The state of the s	306 W 4TH AVE APT 55 POST FALLS ID 83854			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			POST FALLS	FUST FALLS ID 63634			
	POST FALLS ID 83854		3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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:  6. Annual Report must be signed.*							
ID	Signature: KRIST		Date: 11/21/2016				
W 120846 Name (type or print): KRISTINA SMITHSON		nt): KRISTINA SMITHSON		Title: OWNER			
Processed 11/21/2016	* Electronically provided signatures are accepted as original signatures.						