

No. W 55391	Due no later than Oct 31, 2015 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. SMF-2, LLC LINDA G FLORENCE 140 E. BOISE AVE. BOISE ID 83706-4373 USA		MICHAEL J FLORENCE DMD 140 E. BOISE AVE. BOISE ID 83706			
			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	MICHAEL J FLORENCE DMD	140 E BOISE AVE	BOISE	ID		83706
MANAGER	SHARON M FLORENCE	140 E BOISE AVE	BOISE	ID		83706
MANAGER	LINDA G FLORENCE	140 E BOISE AVE	BOISE	ID		83706
5. Organized Under the Laws of: ID W 55391	6. Annual Report must be signed.* Signature: LINDA FLORENCE Name (type or print): LINDA FLORENCE		Date: 08/17/2015 Title: MANAGER			
Processed 08/17/2015		* Electronically provided signatures are accepted as original signatures.				