No. W 147664		Due no later than Feb 28, 2017		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. BLACK EYE SMILE, LLC JOSHUA NORMAN 2390 S FORK CIRCLE SUGAR CITY ID 83448		JOSHUA NORMAN 2390 S FORK CIRCLE SUGAR CITY ID 83448 3. New 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
MEMBER JOSHUA NOI		RMAN	2390 S FORK CIRCLE		SUGAR CITY	ID	USA	83448
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: JOSHUA NORMAN			Date: 02/15/2017			
W 147664		Name (type or print): JOSHUA NORMAN			Title: OWNER			
Processed 02/15/2017 * Electronically provided signatures are accepted as original signatures.								