No. W 73839	Due no later than Apr 30, 2016	2. Registered Agent and Office (NOT A P.O. BOX)
Return to:	Annual Report Form	JEFFREY K SMITH
	1 Mailine Adduson Comment in this books and d	2960 E MIGATORY DR
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	BOISE ID 83706
450 N 4th STREET	JEFFREY K. SMITH, PLLC	DOISE ID 93700
PO BOX 83720	JEFFREY K SMITH	
BOISE, ID 83720-0080	2960 E MIGATORY DR	
	BOISE ID 83706	
	00131 10 03700	<del></del>
NO FILING FEE IF		3. New Registered Agent Signature.
RECEIVED BY DUE		
DATE		
4. Limited Liability	Companies Tales Names and Addresses of Manager	o OD Mambara. Con Instructions
Zimitod Exability	Companies: Enter Names and Addresses of Managers	
Manager or Member	Name Street or PO Address City	State Country Postal Code
	i Ma K mute 300 W. Min Ro	Id Ada 83702
Manager 🖾 Member 🔲	Veftrey K Smith 300 W. Min Bo Suite 117	
1	3.000	
Manager Member		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Manager Member 🗌		
Manager 🔲 Member 🔲		
5. Organized Under the Lav	ws of: 6.	
	Signature:	Date:
IDAHO	Signature. 1.11 1/ C	pate:
	leffrey K Smith	5/31/16
W 73839	Name (type or bright):  Jeffrey K Smith  Jeffrey K Smith	Title:
	1 selfer K mith	Manager
<u> </u>	1- VETTYEN 12 2 Mills	
Tecued 05/31/2016 by 1L1	<del></del>	107080

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office