




No. W 86858	Due no later than Sep 30, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DAVID G WRIGHT 1624 HELMANDOLLAR DR INKOM ID 83245
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. D & S BLACKSMITH, LLC 1624 HELMANDOLLAR DR INKOM ID 83245		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	David G. Wright	1624 Helmandollar Dr	Inkom	Id	USA	83245
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 86858 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>8/11/2018</u> </td> </tr> <tr> <td> Name (type or print): <u>David G. Wright</u> </td> <td> Title: <u>Member</u> </td> </tr> </table>	Signature: 	Date: <u>8/11/2018</u>	Name (type or print): <u>David G. Wright</u>	Title: <u>Member</u>
Signature: 	Date: <u>8/11/2018</u>				
Name (type or print): <u>David G. Wright</u>	Title: <u>Member</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

This form is to be filled out by the owner or manager of the company. Pay special attention to the mailing address. If the