

|                                                                                                                                                        |                  |                                                                           |         |                                                            |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------|---------|------------------------------------------------------------|------------------|-------------|--|
| No. <b>W 106498</b>                                                                                                                                    |                  | <b>Due no later than Sep 30, 2017</b>                                     |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |                  |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b>                                                 |         | ANDREW W SUMMERS<br>447 SOUTH 3RD EAST<br>REXBURG ID 83440 |                  |             |  |
|                                                                                                                                                        |                  | <b>1. Mailing Address: Correct in this box if needed.</b>                 |         | 3. <u>New</u> Registered Agent Signature:*                 |                  |             |  |
|                                                                                                                                                        |                  | SMILEYGUYS LLC<br>ANDREW W SUMMERS<br>374 E 4TH N<br>REXBURG ID 83440     |         |                                                            |                  |             |  |
| 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                                                                                                                                                 | DINA SUMMERS     | 447 S 3RD E                                                               | REXBURG | ID                                                         | USA              | 83440       |  |
| MANAGER                                                                                                                                                | ANDREW W SUMMERS | 447 S 3RD E                                                               | REXBURG | ID                                                         | USA              | 83440       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                         |         |                                                            |                  |             |  |
| <b>ID<br/>W 106498</b>                                                                                                                                 |                  | Signature: Dina Summers                                                   |         |                                                            | Date: 09/08/2017 |             |  |
|                                                                                                                                                        |                  | Name (type or print): Dina Summers                                        |         |                                                            | Title: Secretary |             |  |
| Processed 09/08/2017                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures. |         |                                                            |                  |             |  |