

No. <u>W 2028</u>	Annual Report Form Due No Later Than November 30, <u>1996</u>	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct MIKE SMITHS RECREATION RENTA MICHAEL E SMITH 197 COMMISSARY RD BOX 149 <u>SWAN VALLEY</u> ID <u>83442</u>	CORPORATION SERVICE COMP 200 N 23RD ST BOISE ID 33702 3. Organized Under the Laws of:

4. Corporations: Enter Names and Addresses of President, Secretary and Directors
 Limited Liability Companies: Enter Names and Addresses of ☒ Managers or ☐ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Michael E Smith	P.O. Box 149	Swanville	Ida	83449
Manager	Karen D. Smith	P.O. Box 149			

5. SIGNATURE OF CURRENT RA ANY LAWFUL	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Michael E. Smith</u> Date <u>7/15/96</u> Name (Typed or Printed) <u>Michael E. Smith</u> Title <u>Manager</u>
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ISSUED: 07-08-1996

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