

No. W 189537	Due no later than Sep 30, 2018 Annual Report Form	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. KIMI RECOVERY CENTER LLC 219 GOODING ST N TWIN FALLS ID 83301	KELLY SMOTHERS 303 GOLDEN SPUR DR FILER ID 83328				
		3. <u>New</u> Registered Agent Signature:*				
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	KELLY DAWN SMOTHERS	219 GOODING ST N	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 189537	6. Annual Report must be signed.* Signature: Kelly Smothers Name (type or print): Kelly Smothers		Date: 07/30/2018 Title: Owner			
Processed 07/30/2018		* Electronically provided signatures are accepted as original signatures.				