

|                                                                                                                                                        |               |                                                                                                                                                   |         |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 155246</b>                                                                                                                                    |               | <b>Due no later than Aug 31, 2016</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>1. Mailing Address: Correct in this box if needed.</b><br><br>JAREK SMITH ENTERPRISES, LLC<br>JAREK SMITH<br>572 TAURUS DR<br>REXBURG ID 83440 |         | JAREK SMITH<br>572 TAURUS DR<br>REXBURG ID 83440   |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                   |         | 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 |  |
| MANAGER                                                                                                                                                | JAREK R SMITH | 572 TAURUS DR                                                                                                                                     | REXBURG | ID                                                 | USA     | 83440       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 155246</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Jarek Smith<br>Name (type or print): Jarek Smith<br>Date: 07/20/2016<br>Title: President          |         |                                                    |         |             |  |
| Processed 07/20/2016                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                         |         |                                                    |         |             |  |