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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------|------------------|-------------|--|
| No. <b>W 182225</b>                                                                                                                                    |                  | <b>Due no later than Apr 30, 2018</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>                                                                                                                              |       | JASON L SMITH<br>4307 W BRIAR ROCK CT<br>EAGLE ID 83616-8361 |                  |             |  |
|                                                                                                                                                        |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br>MISSING PIECE INVESTMENTS, LLC<br>JASON L SMITH<br>4307 W BRIAR ROCK CT<br>EAGLE ID 83616 |       | 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                                                                                                                                                | JASON L SMITH    | 4307 W BRIAR ROCK CT                                                                                                                                   | EAGLE | ID                                                           | USA              | 83616       |  |
| MANAGER                                                                                                                                                | FRANCINE C SMITH | 4307 W. BRIAR ROCK CT                                                                                                                                  | EAGLE | ID                                                           | USA              | 83616       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                      |       |                                                              |                  |             |  |
| <b>ID<br/>W 182225</b>                                                                                                                                 |                  | Signature: jason smith                                                                                                                                 |       |                                                              | Date: 03/12/2018 |             |  |
|                                                                                                                                                        |                  | Name (type or print): jason smith                                                                                                                      |       |                                                              | Title: Manager   |             |  |
| Processed 03/12/2018                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                              |       |                                                              |                  |             |  |