No. W 64880		Due no later than Jul 31, 2010	2. Registered Age	2. Registered Agent and Address (NO PO BOX) JACOB E SMITH 4102 MOCCASIN RD COEUR D'ALENE ID 83815 3. New Registered Agent Signature:*			
Return to:		Annual Report Form					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SMITHCRAFT ROOFING L.L.C. JACOB E SMITH 4102 MOSCCASIN RD COEUR D'ALENE ID 83815	COEUR D'ALEN				
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
200	oanies: Enter Nai	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	JACOB E SN	MITH 4102 MOCCASIN RD	COEUR D'ALENE	ID	USA	83815	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Jacob E Smith	Date: 09,	Date: 09/25/2010			
W 64880		Name (type or print): Jacob E Smith	Title: Ma	Title: Managing Member			
Processed 09/25/2010		Electronically provided signatures are accepted as original signatures.					