

|                                                                                                                                                        |                  |                                                                                                                                                                               |       |                                                          |         |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|---------|-------------|
| No. <b>C 149179</b>                                                                                                                                    |                  | <b>Due no later than May 31, 2015</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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SMONYA, INC.<br>RUSSELL D SLIFER<br>2478 WARM SPRINGS AVE<br>BOISE ID 83712 |       | RUSSELL D SLIFER<br>2478 WARM SPRINGS AVE<br>BOISE 83712 |         |             |
|                                                                                                                                                        |                  |                                                                                                                                                                               |       | 3. <u>New</u> Registered Agent Signature:*               |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                  |                                                                                                                                                                               |       |                                                          |         |             |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                                                                                                                          | City  | State                                                    | Country | Postal Code |
| SECRETARY                                                                                                                                              | PHYLLIS J SLIFER | 2478 WARM SPRINGS AVENUE                                                                                                                                                      | BOISE | ID                                                       | USA     | 83712       |
| PRESIDENT                                                                                                                                              | RUSSELL D SLIFER | 2478 WARM SPRINGS AVENUE                                                                                                                                                      | BOISE | ID                                                       | USA     | 83712       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 149179</b>                                                                                          |                  | 6. Annual Report must be signed.*<br>Signature: Phyllis Slifer<br>Name (type or print): Phyllis Slifer                                                                        |       |                                                          |         |             |
| Date: 03/30/2015<br>Title: Secretary                                                                                                                   |                  |                                                                                                                                                                               |       |                                                          |         |             |
| Processed 03/30/2015                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                     |       |                                                          |         |             |