No. **W 56463**	**Due no later than Nov 30, 2017** **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.** EXP DELIVERY SERVICE LLC JAY RADCLIFFE PO BOX 3294 IDAHO FALLS ID 83403	JAY RADCLIFFE 3026 WESTMORELAND CIRCLE IDAHO FALLS ID 83403 3. New 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	JAR ENTERPRISES LLC	PO BOX 3294	IDAHO FALLS	ID	USA	83403
MEMBER	JAY RADCLIFFE	3026 WESTMORELAND CR	IDAHO FALLS	ID	USA	83402

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 56463**	Signature: Jay Radcliffe	Date: 11/30/2017
	Name (type or print): Jay Radcliffe	Title: Member

Processed 11/30/2017

* Electronically provided signatures are accepted as original signatures.