

|  |                   |  |       |  |         |                  |  |
|--|-------------------|--|-------|--|---------|------------------|--|
| No. <b>W 120221</b>  |                   | <b>Due no later than Dec 31, 2014</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>JACKSON INITIATIVES LLC<br>MATTHEW P JACKSON<br>2792 DESERT WIND RD<br>OASIS ID 83647-5020 |       | MATTHEW P JACKSON<br>2792 DESERT WIND RD<br>OASIS 83647-5020 |         |                  |  |
|  |                   |  |       | 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      |  |
| MEMBER   | MATTHEW P JACKSON | 2792 DESERT WIND RD  | OASIS | ID   | USA     | 83647-5020       |  |
| 5. Organized Under the Laws of:  |                   | 6. Annual Report must be signed.*  |       |  |         |                  |  |
| <b>ID<br/>W 120221</b>   |                   | Signature: Matthew P. Jackson  |       |  |         | Date: 11/29/2014 |  |
|  |                   | Name (type or print): Matthew P. Jackson   |       |  |         | Title: Member    |  |
| Processed 11/29/2014   |                   | * Electronically provided signatures are accepted as original signatures.  |       |  |         |                  |  |