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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------|---------------------|
| No. <b>W 72617</b>                                                                                                                                     |               | <b>Due no later than Mar 31, 2016</b>                                                                                                                                                 |        | <b>2. Registered Agent and Address (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>JCE ENTERPRISES LLC<br>JAMES G EVANS<br>32299 AMOS BENCH RD<br>LENORE ID 83541-6165 |        | JAMES G EVANS<br>32299 AMOS BENCH RD<br>LENORE ID 83541-6165 |                     |
|                                                                                                                                                        |               |                                                                                                                                                                                       |        | 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                                                                                                                                                | JAMES G EVANS | 32299 AMOS BENCH RD                                                                                                                                                                   | LENORE | ID                                                           | 83541-6165          |
| MANAGER                                                                                                                                                | CAREY L EVANS | 32299 AMOS BENCH RD                                                                                                                                                                   | LENORE | ID                                                           | 83541-6165          |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 72617</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Lonnie Ells<br>Name (type or print): Lonnie Ells<br>Date: 04/01/2016<br>Title: CPA                                                    |        |                                                              |                     |
| Processed 04/01/2016                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                             |        |                                                              |                     |