


No. W 45033	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2013		2. Registered Agent and Office (NOT A P.O. BOX) JESSE M CHAN 1798 C HWY 45 MELBA ID 83641																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. JCLC, LLC JESSE M CHAN 1798C HWY 45 MELBA ID 83641 USA																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jesse Chan</td> <td>1798C Hwy 45</td> <td>Melba</td> <td>ID</td> <td>USA</td> <td>83641</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jesse Chan	1798C Hwy 45	Melba	ID	USA	83641	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. <u>New</u> Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 45033	6. Signature:  Date: 4/6/13 Name (type or print): <u>Jesse M Chan</u> Title: <u>Owner</u>																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM