

<p>No. W 97274</p>	<p>Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2014</p>		<p>2. Registered Agent and Office (NOT A P.O. BOX) JOEL JENKINS 4865 S JENKINS LN REXBURG ID 83440 8097 Cutthroat Victor, ID 83455</p>																																			
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p>	<p>1. Mailing Address: Correct in this box if needed. JENKINS ENTERPRISES, LLC JOEL JENKINS 4865 S JENKINS LN 8097 Cutthroat REXBURG ID 83440 Victor ID 83455</p>		<p>3. <u>New</u> Registered Agent Signature.</p>																																			
<p>REINSTATEMENT FEE DUE: \$30.00</p>	<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:25%;">Name</th> <th style="width:30%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Joel Jenkins</td> <td>8097 Cutthroat</td> <td>Victor</td> <td>ID</td> <td>Teton</td> <td>83455</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 checked="" type="checkbox"/>	Joel Jenkins	8097 Cutthroat	Victor	ID	Teton	83455	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<p>5. Organized Under the Laws of: IDAHO W 97274</p>	<p>6. Signature:  Name (type or print): JOEL JENKINS</p>		<p>Date: 7/1/14 7/1/14 Title: Manager</p>																																			
<p>Issued 07/01/2014 by online</p>																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM