No. **W 11604**	**Due no later than Mar 31, 2013**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** JGCL FAMILY LLC GRACE E PORTER 1000 W HARVEST MOON COEUR D ALENE ID 83815	GRACE E PORTER 1000 W HARVEST MOON AVE COEUR D'ALENE ID 83815 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	LAURA L FIFIELD	1826 N. SALMON RIVER	SPOKANE VALLEY	WA	USA	99016
MEMBER	CHRISTY J MCANALLY	7434 BEDFORD LANE	COEUR D'ALENE	ID	USA	83815

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 11604**	Signature: Grace E. Porter	Date: 01/17/2013
	Name (type or print): Grace E. Porter	Title: Manager

Processed 01/17/2013

* Electronically provided signatures are accepted as original signatures.