

|                                                                                                                                                        |                      |                                                                                                                                                  |       |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 5375</b>                                                                                                                                      |                      | <b>Due no later than Jan 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>1. Mailing Address: Correct in this box if needed.</b><br><br>JOHNSON RESEARCH, L.L.C.<br>JEFF S JOHNSON<br>24007 HWY 20/26<br>PARMA ID 83660 |       | DR. EDWARD G JOHNSON<br>24007 HWY 20/26<br>PARMA ID 83660 |         |             |  |
|                                                                                                                                                        |                      |                                                                                                                                                  |       | 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                                                                                                                                                 | DR. EDWARD G JOHNSON | 24007 HWY 20/26                                                                                                                                  | PARMA | ID                                                        | USA     | 83660       |  |
| MEMBER                                                                                                                                                 | JEFFERY S JOHNSON    | PO BOX 275                                                                                                                                       | PARMA | ID                                                        | USA     | 83660       |  |
| MEMBER                                                                                                                                                 | JENIFER JOHNSON      | 24007 HWY 20-26                                                                                                                                  | PARMA | ID                                                        | USA     | 83660       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 5375</b>                                                                                            |                      | 6. Annual Report must be signed.*<br>Signature: Charles Jones<br>Name (type or print): Charles Jones<br>Date: 01/28/2014<br>Title: Controller    |       |                                                           |         |             |  |
| Processed 01/28/2014                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                        |       |                                                           |         |             |  |