

No. W 73691	Due no later than Apr 30, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JUDY A SHOPLOCK 32 JOSHUA DR CASCADE ID 83611
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. J PROPERTIES LLC PO BOX 527 CASCADE ID 83611		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	JUDY SHOPLOCK	PO BOX 527	CASCADE ID	Valley		83611
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 73691 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Judy Shoplock</u> Name (type or print): <u>JUDY SHOPLOCK</u> </td> <td style="width: 40%;"> Date: <u>Feb 21, 2015</u> Title: <u>OWNER</u> </td> </tr> </table>	Signature: <u>Judy Shoplock</u> Name (type or print): <u>JUDY SHOPLOCK</u>	Date: <u>Feb 21, 2015</u> Title: <u>OWNER</u>
Signature: <u>Judy Shoplock</u> Name (type or print): <u>JUDY SHOPLOCK</u>	Date: <u>Feb 21, 2015</u> Title: <u>OWNER</u>		

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM