No. W 74658 Return to:		Due no later than May 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. J. MICHAEL ROTH, LLC J MICHAEL ROTH 539 S 800 E JEROME ID 83338			2. Registered Agent and Address (NO PO BOX) J MICHAEL ROTH 539 S 800 E JEROME ID 83338 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				JEROME ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	MEMBER J MICHAEL ROTH		4110 HIDDEN LAKES DR	KIMBERLY	ID		83341	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 74658		Signature: Heather Hilarides		D	Date: 04/10/2017			
		Name (type or print): Heather Hilarides		Т	Title: Office manager			
Processed 04/10/2017		Electronically provided signatures are accepted as original signatures.						