| agg. National State Sta |   | al Report Form 19  | ිර [2. Registered Agent a | ind Office <b>NO</b>         | T A P.O. BOX |  |
|---|---|--------------------|---------------------------|------------------------------|--------------|--|
| Return to:<br>SECRETARY OF STATE  | Due No Later Than November 30,  1. Mailing Address - Please Correct, If Not Correct  JENSEN DRYWALL, INC. |                    | PAUL H J                  | PAUL H JENSEN<br>649 NINA DR |              |  |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  | PAUL H JENS<br>649 NINA DR  |                    | REXBURG                   | It                           | 83440        |  |
| NO FEE REQUIRED   |   |                    | 3. Organized Under t      | he Laws of:                  |              |  |
| * FIRST NOTICE *  | REXBURG   | ID 83440           | ID                        |                              | 1044         |  |
| Corporations: Enter Names and<br>Limited Liability Companies: Enter   | Business Addresses of Preser Names and Addresses  |                    | s<br>ers (check one)      |                              | . 746        |  |
| Office held Name  | Stre  | et or P.O. Address | City                      | State                        | <u>Zip</u>   |  |
| resident Paul Ja  | insen 64  | 9 Nina Drive       | Rexsurg                   | $\mathcal{I}\mathcal{D}$     | 83440        |  |
| resident Paul Ja<br>ecretary Kin J  | iensen -  | Same-              | + (                       |                              | 4            |  |
| Signature of Nav. D   |   |                    |                           |                              |              |  |
| Signature of New Registered   | Signature   |                    | Vocate_                   | 7-28                         | 98           |  |
|   | Name Prin   | ged of Kim Jensten | Title                     |                              |              |  |
|   | DO NOT  | TAPE OR STAPLE     | 7                         | 370                          |              |  |
|   |   |                    |                           |                              |              |  |
|   |   |                    |                           |                              |              |  |
|   | AMEN 選びます。<br>AMEN 報子 まごう   |                    |                           |                              |              |  |