No. W 42982		Due no later than Sep 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JSN MANAGEMENT LLC			
SECRETARY OF STATE	1. Mailing	Address: Correct in this box if needed		LARY S LARSON 428 PARK AVE			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TETON DEV JEFF NEISV 451 PARK A		00000 0 000000 0 000000 0 000	IDAHO FALLS ID 83402			
	IDAHO FALL	IDAHO FALLS ID 83402 3. New Registered Agent Signature:*					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ente	r Names and Addres	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER JEFF NEISWANGER		451 PARK AVE	IDAHO FALLS	ID		83402	
5. Organized Under the Laws of: 6. Annual Report must be signed.*		ort must be signed.*					
ID	Signature: .	Signature: Jeff Neiswanger		Date: 10/24/2017			
W 42982	Name (type	or print): Jeff Neiswanger		Title: Owner			
Processed 10/24/2017	* Electronically	* Electronically provided signatures are accepted as original signatures.					