| No. W 21276 | | Due no later than Nov 30, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. JAKE'S, LLC JEROME A BOWEN PO BOX 475 REXBURG ID 83440 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|---|---|---|---|--|--------------------|----------|----------|----------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | JEROME A BOWEN 2803 W 3800 S REXBURG ID 83440 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 200 90 0 | | nes and Addresses of at | least one Member or Manager Street or PO Address | r. | City | State | Country | Postal Code |
| MEMBER JE | Name JEROME A BOWEN JUSTIN J BOWEN | | PO BOX 475 PO BOX 475 | | REXBURG REXBURG | ID ID | Couriery | 83440 83440 |
| 5. Organized Under the Laws of: ID W 21276 | | 6. Annual Report must be signed.* Signature: Blake Sharp Name (type or print): Blake Sharp | | Date: 10/16/2015 Title: Controller | | | | |
| Processed 10/16/2015 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |