

No. <b>W 92574</b>		<b>Due no later than Apr 30, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  JOVAIR DIVERSIFIED ENTERPRISES, LLC DR. GLORIA GILBERE PO BOX 1565 SANDPOINT ID 83864-5131		DR GLORIA GILBERE 327 OLIVE ST, STE SANDPOINT ID 83864			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name SHARON L WISEMAN	Street or PO Address 1024 PARK AVE		City SANDPOINT	State ID	Country USA	Postal Code 83864
5. Organized Under the Laws of:  <b>ID</b> <b>W 92574</b>		6. Annual Report must be signed.*  Signature: Sharon L Wiseman Name (type or print): Sharon L Wiseman  Date: 04/04/2012 Title: Member					
Processed 04/04/2012      * Electronically provided signatures are accepted as original signatures.							