

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