No. <b>W 3673</b>		Due no later than Mar 31, 2016		2. Re	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JUSTIN SIMPSON  1886 EAGLEPOINT DR  AMMON ID 83406-8340  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  J & J WINDSHIELD REPLACEMENT AND REPAIR, LLC JUSTIN SIMPSON 3147 N 25TH E IDAHO FALLS ID 83401		AN				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	oanies: Enter Na	mes and Addresses of	f at least one Member or Manager.					
Office Held	Name		Street or PO Address	City		State	Country	Postal Code
MEMBER JUSTIN SIMPS		PSON	1886 EAGLEPOINT DRIVE	MA	MON	ID		83406
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: JUSTIN SIMPSON			Date: 01/25/2016			
W 3673		Name (type or print): JUSTIN SIMPSON			Title: PRESIDENT			
Processed 01/25/2016 * Electronically provided signatures are accepted as original signatures.								