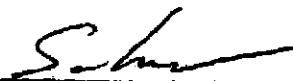
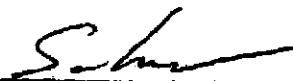
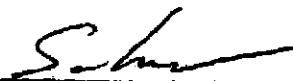


No. W 119073		Due no later than Nov 30, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) SAM KENNEDY 220 N 4TH ST COEUR D'ALENE ID 83814																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. S & J DEVELOPMENT LLC 220 N 4TH ST COEUR D'ALENE ID 83814		2014 DEC 17 AM 11:11																																				
NO FILING FEE IF RECEIVED BY DUE DATE				SECRETARY OF STATE STATE OF IDAHO																																				
3. New Registered Agent Signature.																																								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																								
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Sam Kennedy</td> <td>220 N 4th St</td> <td>COR</td> <td>IP</td> <td>USA</td> <td>83814</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jim Stewart</td> <td>22430 95th Ave NW</td> <td>Vashon</td> <td>WA</td> <td>USA</td> <td>98070</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Sam Kennedy	220 N 4th St	COR	IP	USA	83814	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jim Stewart	22430 95th Ave NW	Vashon	WA	USA	98070	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.