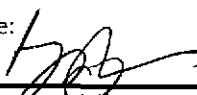


No. W 146897	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office (NOT A P.O. BOX) BRANDON JOHNSON 1138 KINGSWOOD CIRCLE AMMON ID 83406							
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. 4JS DISTRIBUTING LLC 1138 KINGSWOOD CIRCLE AMMON ID 83406		3. <u>New</u> Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Brandon Johnson	1138 Kingswood Circle	Ammon	Id	US	83406				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Wendy Johnson	1138 Kingswood Circle	Ammon	Id	US	83406				
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;"> IDAHO W 146897 </div>		6. Signature:  <hr/> Name (type or print): Brandon Johnson		Date: 5-18-16 <hr/> Title: Manager						
Issued 05/19/2016 by online										

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM