

|                                                                                                                                                        |                |                                                                                                                                                     |            |                                                         |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------|---------|------------------|--|
| No. <b>W 126590</b>                                                                                                                                    |                | <b>Due no later than Jun 30, 2018</b>                                                                                                               |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>JCL CAPITAL MANAGEMENT, LLC<br>JADYN LOEDDING<br>755 N REGAL ST<br>POST FALLS ID 83854 |            | JADYN LOEDDING<br>755 N REGAL ST<br>POST FALLS ID 83854 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                     |            | 3. <u>New</u> Registered Agent Signature:*              |         |                  |  |
| 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                                                                                                                                                 | JADYN LOEDDING | 755 N REGAL ST                                                                                                                                      | POST FALLS | ID                                                      | USA     | 83854            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                   |            |                                                         |         |                  |  |
| <b>ID<br/>W 126590</b>                                                                                                                                 |                | Signature: JadyN Loedding                                                                                                                           |            |                                                         |         | Date: 04/30/2018 |  |
|                                                                                                                                                        |                | Name (type or print): JadyN Loedding                                                                                                                |            |                                                         |         | Title: Principal |  |
| Processed 04/30/2018                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                           |            |                                                         |         |                  |  |