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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------|---------|-----------------------|--|
| No. <b>C 136888</b>                                                                                                                                    |                   | <b>Due no later than Dec 31, 2012</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>JO-JO'S INC.<br>STEVEN L. JOHNSON<br>646 S STATE<br>SHELLEY ID 83274<br>USA |         | STEVE JOHNSON<br>3588 DAIRY LANE<br>IDAHO FALLS ID 83404 |         |                       |  |
|                                                                                                                                                        |                   |                                                                                                                                                                               |         | 3. <u>New</u> Registered Agent Signature:*               |         |                       |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                   |                                                                                                                                                                               |         |                                                          |         |                       |  |
| Office Held                                                                                                                                            | Name              | Street or PO Address                                                                                                                                                          | City    | State                                                    | Country | Postal Code           |  |
| PRESIDENT                                                                                                                                              | STEVEN L. JOHNSON | 646 S. STATE                                                                                                                                                                  | SHELLEY | ID                                                       | USA     | 83274                 |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                                             |         |                                                          |         |                       |  |
| <b>ID<br/>C 136888</b>                                                                                                                                 |                   | Signature: Katie Cornia                                                                                                                                                       |         |                                                          |         | Date: 01/29/2013      |  |
|                                                                                                                                                        |                   | Name (type or print): Katie Cornia                                                                                                                                            |         |                                                          |         | Title: Office Manager |  |
| Processed 01/29/2013                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                     |         |                                                          |         |                       |  |