No. C 180827	Due no later than Nov 30, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE	Annual Report Form 1. Mailing Address: Correct in this box if needed. JCM CONSTRUCTION, INC. JACOB A MABIE 1929 MAPLE AVE TWIN FALLS ID 83301		JACOB MABIE 1929 MAPLE AVE TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE	TWINTALLS ID 05501		5. <u>1.5</u>				
4. Corporations: Enter Names and B	siness Addresses of President, Secretar	y, and Directors. Treasurer	(optional).				
Office Held Name	Street or	PO Address	City	State	Country	Postal Code	
PRESIDENT JACOB A	MABIE 1929 MAP	LE AVE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	ID Signature: Jacob A Mabie		Date: 11/17/2017				
C 180827 Name (type or print):		abie	Title: President				
Processed 11/17/2017	* Electronically provided signatures	* Electronically provided signatures are accepted as original signatures.					