

No. <b>W 83722</b>	<b>Due no later than May 31, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> JOM FAMILY LLC CHRISTOPHER J MOORE PO DRAWER 835 LEWISTON ID 83501-0835 USA		CHRISTOPHER J MOORE 1219 IDAHO ST LEWISTON ID 83501-1940			
			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
MANAGER	CHRISTOPHER J MOORE	PO DRAWER 835	LEWISTON	ID	USA	83501-0835
5. Organized Under the Laws of:  <b>ID W 83722</b>	6. Annual Report must be signed.* Signature: Christopher J. Moore Name (type or print): Christopher J. Moore		Date: 03/16/2011 Title: Manager			
Processed 03/16/2011		* Electronically provided signatures are accepted as original signatures.				