

|                                                                                                                                                        |              |                                                                                                                                          |        |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 64200</b>                                                                                                                                     |              | <b>Due no later than Jun 30, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>JBON ENTERPRISES, LLC<br>JAMI J GAVER<br>132 S 300 W<br>JEROME ID 83338 |        | JAMI J GAVER<br>132 S 300 W<br>JEROME ID 83338     |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                          |        | 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                                                                                                                                                 | JAMI J GAVER | 132 S 300 W                                                                                                                              | JEROME | ID                                                 | USA     | 83338       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 64200</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Bonnie Gaver<br>Name (type or print): Bonnie Gaver<br>Date: 07/08/2012<br>Title: Owner   |        |                                                    |         |             |  |
| Processed 07/08/2012                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                |        |                                                    |         |             |  |