

No. W 125424	Reinstatement Annual Report Form ADMIN DISSOLVED 09/11/2018		2. Registered Agent and Office (NOT A P.O. BOX) JEFFREY D VARELMAN 731 BONNER LAKE ROAD MOYIE SPRINGS ID 83845																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. J&S SECURITY TRUST LLC. SONJA M VARELMAN 731 BONNER LAKE ROAD MOYIE SPRINGS ID 83845																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			3. New Registered Agent Signature.																																			
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☐ Member ☒</td> <td>Jeffrey Varelnan</td> <td>731 Bonner Lake Rd</td> <td>Moyle Springs</td> <td>ID</td> <td></td> <td>83845</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Sony a Varelnan</td> <td>731 Bonner Lake Rd</td> <td>Moyle Springs</td> <td>ID</td> <td></td> <td>83845</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☐ Member ☒	Jeffrey Varelnan	731 Bonner Lake Rd	Moyle Springs	ID		83845	Manager ☐ Member ☒	Sony a Varelnan	731 Bonner Lake Rd	Moyle Springs	ID		83845	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of:		6.																																				
IDAHO W 125424		Signature: <u><i>[Signature]</i></u> Date: <u>09/19/2018</u> Name (type or print): <u>Sony a Varelnan</u> Title: <u>NP, member</u>																																				

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