

No. W 82191	Due no later than Mar 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. J & K FREEMAN ENTERPRISES, LLC KAREEN M FREEMAN 5242 E. SHORE COVE POST FALLS ID 83854-6886		KAREEN M FREEMAN 5242 E. SHORE COVE POST FALLS ID 83854-6886			
			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	KAREEN M FREEMAN	5242 E. SHORE COVE	POST FALLS	ID	USA	83854-6886
5. Organized Under the Laws of: ID W 82191	6. Annual Report must be signed.* Signature: Kareen M. Freeman Name (type or print): Kareen M. Freeman		Date: 01/29/2014 Title: Manager			
Processed 01/29/2014		* Electronically provided signatures are accepted as original signatures.				