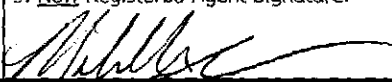
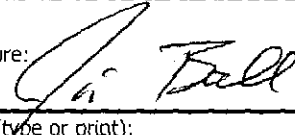
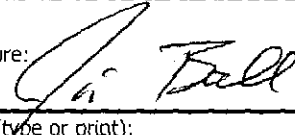
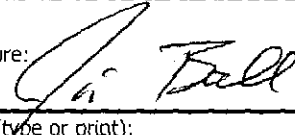


No. W 78778	Due no later than Oct 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JIM BALL 8369 BLOOMFIELD DR BOISE ID 83704																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. J S B INVESTMENTS LLC JIM BALL 8369 BLOOMFIELD DR BOISE ID 83704		3. <u>New</u> Registered Agent Signature. 																																			
4. Limited Liability Companies; Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>JIM BALL</td> <td>8369 Bloomfield Dr</td> <td>Boise</td> <td>Id.</td> <td>Ada</td> <td>83704</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Sue Ball</td> <td>8369 Bloomfield Dr</td> <td>Boise</td> <td>Id</td> <td>Ada</td> <td>83704</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Michelle Lehman</td> <td>11441 W. Puritan Dr.</td> <td>Boise</td> <td>ID</td> <td></td> <td>83709</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	JIM BALL	8369 Bloomfield Dr	Boise	Id.	Ada	83704	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Sue Ball	8369 Bloomfield Dr	Boise	Id	Ada	83704	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Michelle Lehman	11441 W. Puritan Dr.	Boise	ID		83709	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 78778 </div>		6. <table style="width: 100%;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 9-8-16 </td> </tr> <tr> <td> Name (type or print): JIM BALL </td> <td> Title: MANAGER </td> </tr> </table>		Signature: 	Date: 9-8-16	Name (type or print): JIM BALL	Title: MANAGER																															
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Issued 08/30/2016 by CLH

128030

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address.