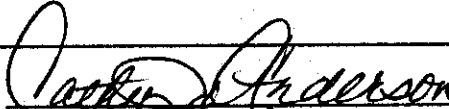


No. W 42093	Due no later than August 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		CATHY JO ANDERSON 11096 CROOKED TREE LN UCON, ID 83454 3. New Registered Agent Signature												
	ZAMJJAC LLC PO BOX 456 UCON, ID 83454														
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Cathy Jo Anderson</td> <td>P.O. Box 456 Ucon ID 83454</td> <td>Ucon</td> <td>ID</td> <td>83454</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Cathy Jo Anderson	P.O. Box 456 Ucon ID 83454	Ucon	ID	83454
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Cathy Jo Anderson	P.O. Box 456 Ucon ID 83454	Ucon	ID	83454										
5. Organized Under the Laws of: IDAHO W 42093	6. Signature  Date <u>June 13, 2008</u> Name (Typed or Printed) <u>Cathy Jo Anderson</u> Title <u>Manager</u>														