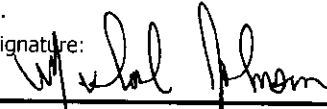
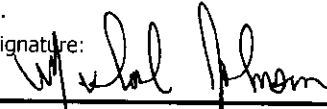
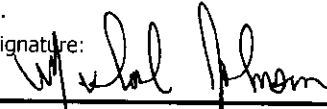


No. W 83494	Due no later than Apr 30, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) M LYNN DUNLAP 415 ADDISON AVE STE 1 TWIN FALLS ID 83303
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MBJ, LLC MICHAEL JOHNSON 8082 HAMPSHIRE RD ORANGE CA 92867		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	MICHAEL JOHNSON	8082 HAMPSHIRE RD,	ORANGE	CA		92867
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	BARBARA JOHNSON	8082 HAMPSHIRE RD	ORANGE,	CA		92867
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;"> CALIFORNIA W 83494 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>2/25/15</u> </td> </tr> <tr> <td> Name (type or print): <u>MICHAEL JOHNSON</u> </td> <td> Title: <u>MANAGER</u> </td> </tr> </table>	Signature: 	Date: <u>2/25/15</u>	Name (type or print): <u>MICHAEL JOHNSON</u>	Title: <u>MANAGER</u>
Signature: 	Date: <u>2/25/15</u>				
Name (type or print): <u>MICHAEL JOHNSON</u>	Title: <u>MANAGER</u>				

Issued 02/19/2015 by SLD
131673