Annual Report Form 1. Mailing Address: Correct in this box if needed. JON THOMAS LLC	JON THOMAS 110 S 7TH ST
PO BOX 564 BELLEVUE ID 83313	BELLEVUE ID 83313
	3. <u>New</u> Registered Agent Signature.
Name Street or PO Address City	State Country Postal Code
Signature: Von /how Name (type or print): Von Thomas	Date: 6-23-12 Title: Owner 10274
	PO BOX 564 BELLEVUE ID 83313 Ty Companies: Enter Names and Addresses of Manager Name Street or PO Address City Jon Thomas Po Box 564 Bellev Thomas Po Box 564 Bellev Thomas Name (type or print):

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. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.