

| | | | | | | | |
|--|---------------|---|-------|--|------------------|-------------|--|
| No. W 63359 | | Due no later than Jun 30, 2015 | | 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 | | Annual Report Form | | CHARLEY D JONES 300 N ORCHARD BOISE 83706 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | STINKER-HANSEN, LLC CHARLEY JONES PO BOX 7627 BOISE ID 83707 | | | | | |
| 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 | JOSHNIK LLC | PO BOX 7627 | BOISE | ID | | 83707 | |
| MANAGER | CHARLEY JONES | PO BOX 7627 | BOISE | ID | USA | 83707 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 63359 | | Signature: Charley Jones | | | Date: 04/17/2015 | | |
| | | Name (type or print): Charley Jones | | | Title: Manager | | |
| Processed 04/17/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |