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|--|-------------------|---|---------------|--|---------|-------------|--|
| No. W 41140 | | Due no later than Jul 31, 2017 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. CENJEBS, L.L.C. ELIZABETH M DOERING 6205 N SUNRISE TERRACE COEUR D'ALENE ID 83815 | | THOMAS DOERING 6205 N SUNRISE TERRACE COEUR D'ALENE ID 83815 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 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 | THOMAS DOERING | 6205 N SUNRISE TERRACE | COEUR D'ALENE | ID | 83815 | | |
| MANAGER | ELIZABETH DOERING | 6205 N SUNRISE TERRACE | COEUR D'ALENE | ID | 83815 | | |
| 5. Organized Under the Laws of: ID W 41140 | | 6. Annual Report must be signed.* Signature: Elizabeth M. Doering Name (type or print): Elizabeth M. Doering | | | | | |
| | | Date: 05/17/2017 Title: Manager | | | | | |
| Processed 05/17/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |