| No. <b>W 121943</b>  |                      | Due no later than Feb 28, 2017  |  | 2. Registered Ag                  | 2. Registered Agent and Address (NO PO BOX)   |            |                |  |
|--|----------------------|---|--|-----------------------------------|---|------------|----------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080            |                      | Annual Report Form  1. Mailing Address: Correct in this box if needed.  JACOBSON SERVICES, LLC BRIAN Jacobson 526 BEAVER POND TRAIL PRIEST RIVER ID 83856 |  | 526 BEAVER P<br>PRIEST RIVER      | BRIAN L JACOBSON 526 BEAVER POND TRAIL PRIEST RIVER ID 83856  3. New Registered Agent Signature:* |            |                |  |
| NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar               |                      | mos and Addresses   | of at least one Member or Manager              |                                   |   |            |                |  |
| Office Held Name   |                      | nes and Addresses   | Street or PO Address                           | City                              | State   | Country    | Postal Code    |  |
| MEMBER<br>MEMBER   | R SUZANNE M JACOBSON |   | 526 BEAVER POND TRAIL<br>526 BEAVER POND TRAIL | PRIEST RIVER<br>PRIEST RIVER      | ID<br>ID  | USA<br>USA | 83856<br>83856 |  |
| 5. Organized Under the Laws of:  |                      | 6. Annual Report must be signed.*   |  |                                   |   |            |                |  |
| ID<br>W 121943   |                      | Signature: Suz<br>Name (type or   |  | Date: 01/19/2017<br>Title: Member |   |            |                |  |
| Processed 01/19/2017 * Electronically provided signatures are accepted as original signatures. |                      |   |  |                                   |   |            |                |  |