No. **W 50389**	**Due no later than May 31, 2015** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** CLAIM TO FRAME, LLC JERRY DEJOURNETT 1090 N RED ASH WY STAR ID 83669	JERRY DEJOURNETT 1090 N RED ASH WY STAR 83669 3. New 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
MEMBER	JERRY DEJOURNETT	12020 W BLAKE DR	STAR	ID		83669

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Jerry DeJournett	Date: 04/09/2015
W 50389	Name (type or print): Jerry DeJournett	Title: Owner

Processed 04/09/2015

* Electronically provided signatures are accepted as original signatures.