| No. C 199555 | Due no later than Sep 30, 2015 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|---|--|----------------------|---|---------------------|-------|---------|-------------|
| Return to: | Annual Report Form | | | JANICE ILENE SCOVEL | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. J.S. DISTRIBUTING INC. JANICE ILENE SCOVEL 3227 E 3225 N | | 3227 E 3225 N TWIN FALLS ID 83301 | | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | | | | |
| | TWIN FALLS ID 83301 | | 3. <u>New</u> Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held Name | | Street or PO Address | | City | State | Country | Postal Code |
| PRESIDENT JANICE ILEN | IE SCOVEL | 3227 E 3225 N | | TWIN FALLS | ID | USA | 83301 |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | | | |
| ID | Signature: JANICE ILENE SCOVEL | | | Date: 09/30/2015 | | | |
| C 199555 | Name (type or print): JANICE ILENE SCOVEL | | | Title: PRESIDENT | | | |
| Processed 09/30/2015 | * Electronically provided signatures are accepted as original signatures. | | | | | | |