FILED EFFECTIVE REINSTATEMENT

No. W 16	928	Annual Report Form			2. Registe	2. Registered Agent and Office NOT A P.O. BOX		
Return to: SECRETARY OF STATE 450 N 4th STREET		1. Mailing Address - Correct in this box, if applicable				GREGORY J EMARDT 2235 E 25TH STE 290 1DAHO FALLS, ID 03404 Jolene, E. Mickelsen		
		JEM, LLC			HDAIH			
PO BOX 83720 BOISE, ID 83720-0080		JOLENE E MICKELSEN			52	1		
·		573 NORTH 3600 EAST			3. New registered agent signature			
FEE DUE \$30.00		LEWISVILLE, ID 83431			Islene & Mickelsen			
 Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. 							7	
Office held	<u>Name</u>		et or P.O. Ac		<u>City</u>	State	e ~ Zip	
		E. Mickelsen			Lewisvil	le ID	83431	
Member	L. Peter	Mickelsen III	573N	3600 E	Lewisvill	e ID	83431	
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5. Organized under	6. Signatu	. In	lere & 1	Nickelse	700 2	1/3/09		
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