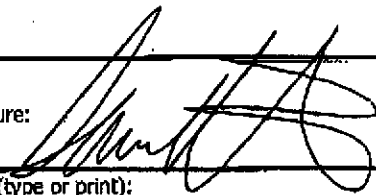


**FILED EFFECTIVE**

No. <b>W 22143</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 04/14/2014</b>		2. Registered Agent and Office (NOT A P.O. BOX) <b>NOV 18 PM 12:36</b>																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address:</b> Correct in this box if needed. J & D HOLDINGS, LLC DEWEY E WHITING <del>215 EAST PALOUSE RIVER DR</del> <b>315 S. Almon</b> MOSCOW ID 83843		CADE KONE 315 S ALMON MOSCOW ID 83843 <b>SECRETARY OF STATE</b> <b>STATE OF IDAHO</b>																																				
			3. <u>New</u> Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td><td>Dewey E. Whiting</td><td>215 E. Palouse River Dr.</td><td>Moscow</td><td>ID</td><td></td><td>83843</td></tr><tr><td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td><td>J &amp; D. Deeneker</td><td>215 E. Palouse River Dr.</td><td>Moscow</td><td>ID</td><td></td><td>83843</td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Dewey E. Whiting	215 E. Palouse River Dr.	Moscow	ID		83843	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	J & D. Deeneker	215 E. Palouse River Dr.	Moscow	ID		83843	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 22143</b>		6. Signature:  Name (type or print): <u>Dewey E. Whiting</u>		Date: <u>11/18/14</u> Title: <u>Manager</u>																																			
Issued 11/18/2014 by online																																							

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, not a **Post Office Box** or **Personal Mail Box**.