

|                                                                                                                                                        |               |                                                                                                                               |              |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 56050</b>                                                                                                                                     |               | <b>Due no later than Nov 30, 2009</b>                                                                                         |              | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>JAS CONSTRUCTION, LLC<br>PO BOX 904<br>SODA SPRINGS ID 83276 |              | JODY B SMITH<br>2761 WELLS LN<br>SODA SPRINGS ID 83276 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                               |              | 3. <u>New</u> 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                                                                                                                                                 | JODY B SMITH  | PO BOX 904                                                                                                                    | SODA SPRINGS | ID                                                     | USA     | 83276       |  |
| MEMBER                                                                                                                                                 | ANGIE L SMITH | PO BOX 904                                                                                                                    | SODA SPRINGS | ID                                                     | USA     | 83276       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 56050</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Angie L Smith<br>Name (type or print): Angie L Smith                          |              |                                                        |         |             |  |
|                                                                                                                                                        |               | Date: 12/16/2009<br>Title: Member                                                                                             |              |                                                        |         |             |  |
| Processed 12/16/2009                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                     |              |                                                        |         |             |  |