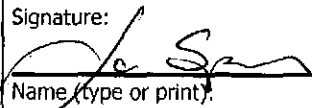


No. W 96198	Reinstatement Annual Report Form ADMIN DISSOLVED 12/04/2012		2. Registered Agent and Office (NOT A P.O. BOX) JAKE SPAULDING 1383 S 2200 E HAZELTON ID 83335
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. JAS LLC JAKE SPAULDING 1383 S 2200 E 2982 E 990 S HAZELTON ID 83335		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	JAKE	2982 E 990 S	HAZELTON ID USA 83335
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	AMY	2982 E 990 S	HAZELTON ID USA 83335
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 96198 </div>		6. Signature:  <hr/> Name (type or print): JAKE SPAULDING <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: 3/29/15 <hr/> Title: OWNER <hr/> </div> </div>	
Issued 03/05/2015 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM