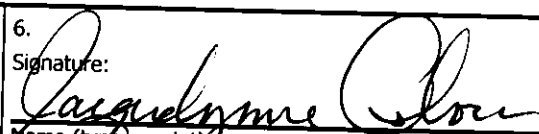


No. <b>W 94311</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 09/22/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JACQUELYNNE <del>BACON</del> OSBORN 20299 HWY 30 BUHL ID 83316																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> JDCB, LLC JACQUELYNNE S OSBORN 20299 HWY 30 BUHL ID 83316		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>Jacquelynne Osborn</td> <td>20299 Hwy 30</td> <td>Buhl</td> <td>ID</td> <td>USA</td> <td>83316</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> <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"/>	Jacquelynne Osborn	20299 Hwy 30	Buhl	ID	USA	83316	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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 W 94311</b>		6. Signature:  Date: <u>11/14/16</u> Name (type or print): <u>Jacquelynne Osborn</u> Title: <u>Owner/Manager</u>																																				

Issued 11/14/2016 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**