

No. W 70385		Due no later than Jan 31, 2017		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. JT SPECIALTY LLC JASON TIMOTHY SQUIRE 22884 CHANNEL ROAD CALDWELL ID 83607		JASON TIMOTHY SQUIRE 22884 CHANNEL ROAD CALDWELL ID 83607	
				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
MANAGER	JASON SQUIRE	22884 CHANNEL RD	CALDWELL	ID	83607
MANAGER	RACHEL SQUIRE	22884 CHANNEL RD	CALDWELL	ID	83607
5. Organized Under the Laws of: ID W 70385		6. Annual Report must be signed.* Signature: Rachel Squire Name (type or print): Rachel Squire Date: 01/24/2017 Title: manager			
Processed 01/24/2017		* Electronically provided signatures are accepted as original signatures.			