

No. W 63160	Reinstatement Annual Report Form ADMIN DISSOLVED 08/06/2009		2. Registered Agent and Office (NOT A P.O. BOX) JASON WARNER 219 BRISCOE RD CHUBBUCK ID 83202 12452 Kaigan Dr. Chubbuck, Id. 83202	
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. JW INVESTING, LLC 219 BRISCOE RD CHUBBUCK ID 83202 12452 Kaigan Dr. Chubbuck, Id. 83202		3. New 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"/>	Jason Warner	12452 Kaigan Dr	Chubbuck	Id	Bannock	83202
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Shauna Warner	12452 Kaigan Dr.	Chubbuck	Id	Bannock	83202
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; padding: 10px;"> IDAHO W 63160 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: <u>Shauna Warner</u></td> <td style="width: 30%;">Date: <u>4-20-12</u></td> </tr> <tr> <td>Name (type or print): <u>Shauna Warner</u></td> <td>Title: <u>Manager</u></td> </tr> </table>	Signature: <u>Shauna Warner</u>	Date: <u>4-20-12</u>	Name (type or print): <u>Shauna Warner</u>	Title: <u>Manager</u>
Signature: <u>Shauna Warner</u>	Date: <u>4-20-12</u>				
Name (type or print): <u>Shauna Warner</u>	Title: <u>Manager</u>				

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