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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------|---------------------|
| No. <b>W 41903</b>                                                                                                                                     |                   | <b>Due no later than Aug 31, 2018</b>                                                                                                                                                           |             | <b>2. Registered Agent and Address (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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>JDM ENTERPRISES LLC<br>JAMES D MAUPIN<br>32144 N KELSO DR<br>SPIRIT LAKE ID 83869-8768<br>USA |             | NATIONAL REGISTERED AGENTS INC<br>921 S ORCHARD ST STE G<br>BOISE ID 83705 |                     |
|                                                                                                                                                        |                   |                                                                                                                                                                                                 |             | 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                                                                                                                                                 | JAMES D MAUPIN    | 32144 N KELSO DR                                                                                                                                                                                | SPIRIT LAKE | ID                                                                         | 83869               |
| MEMBER                                                                                                                                                 | KATHLEEN S MAUPIN | 32144 N KELSO DR                                                                                                                                                                                | SPIRIT LAKE | ID                                                                         | 83869               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 41903</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: James D Maupin<br>Name (type or print): James D Maupin<br>Date: 07/02/2018<br>Title: member                                                     |             |                                                                            |                     |
| Processed 07/02/2018                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                                       |             |                                                                            |                     |