




No. <b>W 83494</b>	<b>Due no later than Apr 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> M LYNN DUNLAP 415 ADDISON AVE STE 1 TWIN FALLS ID 83303
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> MBJ, LLC MICHAEL JOHNSON 8082 HAMPSHIRE RD ORANGE CA 92867		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"/>	MICHAEL JOHNSON	8082 Hampshire Rd	ORANGE	CA		92867
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	BARBARA JOHNSON	8082 Hampshire Rd	ORANGE	CA		92867
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;">             CALIFORNIA              W 83494           </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:   </td> <td style="width: 40%;">           Date:            5/16/14         </td> </tr> <tr> <td>           Name (type or print):            MICHAEL JOHNSON         </td> <td>           Title:            MANAGER         </td> </tr> </table>	Signature: 	Date: 5/16/14	Name (type or print): MICHAEL JOHNSON	Title: MANAGER
Signature: 	Date: 5/16/14				
Name (type or print): MICHAEL JOHNSON	Title: MANAGER				

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