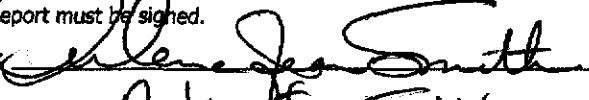


No. <b>W 4670</b>	<b>Due no later than 9/30/2009 Annual Report Form</b>		2. Registered Agent and Address (NO PO BOX)
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		ARLENE J SMITH 613 E AVE D JEROME ID 83338
	AJHS LLC 613 E AVE D JEROME ID 83338		3. New 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 Zip
Pres	Arlene Smith	613 East Ave D	Jerome Idaho 83338
5. Organized Under the Laws of: <b>ID W 4670</b>		6. Annual Report must be signed. Signature:  Date: <b>7-16-09</b> Name(type or print): <b>Arlene Jean Smith</b> Title: <b>Pres</b>	