

No. W 24368	Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) KEITH JONES 3067 EAST 3500 NORTH TWIN FALLS ID 83301	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. JONES LIGHT LOADS, LLC. 3067 EAST 3500 NORTH TWIN FALLS ID 83301		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. Office Held Name Street or PO Address City State Country Postal Code				
MEMBER Keith Jones	P.O. BOX 163 ID Twin Falls 83303			
5. Organized Under the Laws of: IDAHO W 24368	6. Signature: <u>Keith Jones</u> Date: 16 AUG 10 Name (type or print): <u>KEITH JONES</u> Title: <u>MEMBER</u>			
Issued 08/16/2010 by DK1				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.