

|                                                                                                                                                        |               |                                                                                                                                                   |             |                                                             |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------|------------------|-------------|--|
| No. <b>W 119935</b>                                                                                                                                    |               | <b>Due no later than Dec 31, 2016</b>                                                                                                             |             | 2. Registered Agent and Address <b>(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>1. Mailing Address: Correct in this box if needed.</b><br><br>JMSS PROPERTIES, LLC<br>SCOTT R SEEDALL<br>1192 S 52ND E<br>IDAHO FALLS ID 83401 |             | SCOTT R SEEDALL<br>1192 S 52ND EAST<br>IDAHO FALLS ID 83401 |                  |             |  |
|                                                                                                                                                        |               |                                                                                                                                                   |             | 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 |  |
| MANAGER                                                                                                                                                | SHAWN SEEDALL | C/O SEEDALL LAW OFFICE 1192 S.<br>52ND E.                                                                                                         | IDAHO FALLS | ID                                                          | USA              | 83401       |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                 |             |                                                             |                  |             |  |
| <b>ID<br/>W 119935</b>                                                                                                                                 |               | Signature: Scott Seedall                                                                                                                          |             |                                                             | Date: 12/09/2016 |             |  |
|                                                                                                                                                        |               | Name (type or print): Scott Seedall                                                                                                               |             |                                                             | Title: Attorney  |             |  |
| Processed 12/09/2016                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                         |             |                                                             |                  |             |  |