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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------|---------------------|
| No. <b>W 32376</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>J, J & T ENTERPRISES, L.L.C.<br>DOYLE JENSEN<br>411 N VALVERDE<br>RUPERT ID 83350 |              | DOYLE JENSEN<br>411 N VALVERDE<br>RUPERT ID 83350  |                     |
|                                                                                                                                                        |              |                                                                                                                                                                                 |              | 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                                                                                                                                                | DOYLE JENSEN | 411 N VALVERDE                                                                                                                                                                  | RUPERT       | ID                                                 | 83350               |
| MANAGER                                                                                                                                                | PAULA JENSEN | 5102 W WOOERIDGE DR                                                                                                                                                             | SOUTH JORDAN | UT                                                 | 84095               |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                                               |              |                                                    |                     |
| <b>ID<br/>W 32376</b>                                                                                                                                  |              | Signature: Doyle<br>Name (type or print): Doyle                                                                                                                                 |              | Date: 07/18/2018<br>Title: owner                   |                     |
| Processed 07/18/2018                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                       |              |                                                    |                     |