No. W 5466		Due no later than Feb 28, 2015		2. Regist	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		000000000000000000000000000000000000000	JERRY N. MADSEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TWISTED J LIMITED LIABILITY COMPANY JERRY N. MADSEN BOX 456 DRIGGS ID 83422		TETO	650 SAND CRANE LN TETONIA 83452 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Con	npanies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	JERRY N. M	ADSEN	790 N 50 W	TETONI	A ID		83452	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: jerry n madsen			Date: 02/07/2015			
W 5466		Name (type or print): jerry n madsen			Title: manager			
Processed 02/07/2015 * Electronically provided signatures are accepted as original signatures.								