No. C 101953	Oue no later than April 39, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX
		C A DAW
Return to:	1 Mailing Address - Correct in this box if applicable	2, N 9TH ST STE 210
SECRETARY OF STATE	JAKE'S OF TWIN FAULS, INC.	
700 WEST JEFFERSON PO BOX 83720	VAG A DAV/	BC/SE, ID 83702
BOISE, ID 83720-0080	225 H 9TH ST STE 240	LA et Cignoturo
B0102, 12 0211		3. New Registered Agent Signature
NO FILING FEE IF	BOISE, IF 83702	
OV DUE DATE		
4. Corporations: Enter Nat	mes and Business Addresses of President Secret	ary and Directors.
•	Cí	ty State <u>Zip</u>
Office held Name	0 1 7	145 MT 59102
Pris. Graci Jone	1 1650 Ave. O. St. 13 Billi	
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SOCITION JAKES	ones 1650 Ave. B. Str. 13 Billi	\mathcal{O}
Jeg 1 1200.		
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5. Organized Under the Laws of:	6.	Date
5. Organized Under the Laws of:	Signature / L	
IDAHO	Signature / 101/2016	Date Title
	Signature / L	