No. <b>W 33971</b>		Due no later than Oct 31, 2014		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CLAYTON NANNINI			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  9X LLC J. FRANCIS FLORENCE PO BOX 5491			195 RIVER VISTA PLACE #304 TWIN FALLS ID 83301			
NO 511 TANS 575 TE		TWIN FALLS ID 83303		3. <u>New</u> Registere	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Co	mpanies: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	STEVE DILL	JCCA	234 W 500 S	JEROME	ID	USA	83338	
MANAGER	J. FRANCIS	FLORENCE	4129 HIDDEN LAKES DRIVE	KIMBERLY	ID	USA	83341	
MANAGER	BETSY FLOR	RENCE	4129 HIDDEN LAKES DRIVE	<b>KIMBERLY</b>	ID	USA	83341	
MANAGER	JEFF BLICK		322 FEDERATION RD	TWIN FALLS	ID	USA	83301	
MANAGER	BECKIE KUK	<b>ΔL</b>	34 HORSESHOE CIRCLE	JEROME	ID	USA	83338	
MANAGER	WILLIAM K.	BUNN	611 YINGST	JEROME	ID	USA	83338	
MANAGER	AGER MELINDA BUNN		611 YINGST	JEROME	ID	USA	83338	
MANAGER CLAY NANNINI		3474 E 3225 N	KIMBERLY	ID	USA	83341		
MANAGER	R. G. MESSE	ERSMITH	2705 SUN MEADOW	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: 6. Annual Re		6. Annual Report	port must be signed.*					
ID W 33971		Signature: JFra		Date: 09/12/2014				
		Name (type or		Title: Manager				
Processed 09/12/201	4	* Electronically pro	vided signatures are accepted as original	signatures.	•			