

No. W 130975	Reinstatement Annual Report Form ADMIN DISSOLVED 02/10/2015																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. JJ RICHARDSON LLC JODI RICHARDSON 1197 N 1325 E SHELLEY ID 83274																																				
REINSTATEMENT FEE DUE: \$30.00		2. Registered Agent and Office (NOT A P.O. BOX) JODI RICHARDSON 1197 N 1325 E SHELLEY ID 83274																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td><td>Jodi Richardson</td><td>1197 N. 1325 E</td><td>Shelley</td><td>Id</td><td>Bingham</td><td>83274</td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jodi Richardson	1197 N. 1325 E	Shelley	Id	Bingham	83274	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 130975	6. Signature: <u>Jodi E. Richardson</u> Name (type or print): <u>Jodi E. Richardson</u>																																				
Issued 02/18/2015 by SLD																																					
Date: <u>2/24/15</u> Title: <u>Manager</u>																																					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM