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Please

\$50<sup>00</sup>



No. W 127747		Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) JANNA LOTT 1573 E 17TH ST IDAHO FALLS ID 83404 3342 E 113 N Idaho Falls ID 83401																																				
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. JRR LEASING, LLC JANNA LOTT 2233 WALQUIST 3342 E 113 N IDAHO FALLS ID 83401 Idaho Falls ID 83401		3. New Registered Agent Signature.																																				
REINSTATEMENT FEE DUE: \$30.00																																								
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>Janna R. Lott</td><td>3342 E 113 N</td><td>Idaho Falls</td><td>ID</td><td>Bonn</td><td>83401</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"/>	Janna R. Lott	3342 E 113 N	Idaho Falls	ID	Bonn	83401	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 127747		6. Signature: <u>Janna Lott</u> Name (type or print): <u>Janna Lott</u> Date: <u>6-30-16</u> Title: <u>manager</u>																																						
Issued 06/26/2016 by online																																								

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM