

|  |                     |   |               |   |         |             |  |
|--|---------------------|---|---------------|---|---------|-------------|--|
| No. <b>W 68202</b>   |                     | <b>Due no later than Nov 30, 2015</b>   |               | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                     | <b>1. Mailing Address: Correct in this box if needed.</b><br>J&P CUSTOM PRODUCTS, LLC<br>PETE FLYNN<br>5701 BECLIFFE CT<br>BOISE ID 83704-2047<br>USA |               | PETE FLYNN<br>5701 BECLIFFE CT<br>BOISE ID 83704-8370 |         |             |  |
|  |                     |   |               | 3. <u>New</u> Registered Agent Signature:*            |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |                     |   |               |   |         |             |  |
| Office Held  | Name                | Street or PO Address  | City          | State   | Country | Postal Code |  |
| MEMBER   | KATHLEEN JEAN FLYNN | 5701 N, BECLIFFE COURT  | BOISE         | ID  | USA     | 83704       |  |
| MEMBER   | PETE FLYNN          | 5701 BECLIFFE CT  | BOISE         | ID  |         | 83704       |  |
| MEMBER   | JAMES FLYNN         | PO BOX 60212  | SANTA BARBARA | CA  |         | 93160       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 68202</b>   |                     | 6. Annual Report must be signed.*<br>Signature: pete flynn<br>Name (type or print): pete flynn<br>Date: 09/27/2015<br>Title: managing partner         |               |   |         |             |  |
| Processed 09/27/2015   |                     | * Electronically provided signatures are accepted as original signatures.   |               |   |         |             |  |