

|                                                                                                                                                        |            |                                                                                                                                     |        |                                                    |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------------------|
| No. <b>W 50642</b>                                                                                                                                     |            | <b>Due no later than May 31, 2017</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><br>AVERAGE JOE'S, LLC<br>CADE KONEN<br>315 S ALMON<br>MOSCOW ID 83843 |        | CADE KONEN<br>315 S ALMON<br>MOSCOW ID 83843       |                     |
|                                                                                                                                                        |            |                                                                                                                                     |        | 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 |
| MANAGER                                                                                                                                                | CADE KONEN | 315 S ALMON                                                                                                                         | MOSCOW | ID                                                 | 83843               |
| MANAGER                                                                                                                                                | TRENT BICE | 315 S ALMON                                                                                                                         | MOSCOW | ID                                                 | 83843               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 50642</b>                                                                                           |            | 6. Annual Report must be signed.*<br>Signature: cade konen<br>Name (type or print): cade konen<br>Date: 03/17/2017<br>Title: member |        |                                                    |                     |
| Processed 03/17/2017                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                           |        |                                                    |                     |