

|                                                                                                                                                        |                 |                                                                                                                                                |            |                                                         |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------|---------|------------------|--|
| No. <b>W 25836</b>                                                                                                                                     |                 | <b>Due no later than Sep 30, 2010</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>Annual Report Form</b>                                                                                                                      |            | DOUGLAS VOLLMER<br>210 6TH AVE E<br>TWIN FALLS ID 83301 |         |                  |  |
|                                                                                                                                                        |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br>J & D DEVELOPERS LLC<br>DOUGLAS VOLLMER<br>PO BOX 566<br>TWIN FALLS ID 83303-0566 |            | 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                                                                                                                                                 | DOUGLAS VOLLMER | PO BOX 566                                                                                                                                     | TWIN FALLS | ID                                                      | USA     | 83303-0566       |  |
| MEMBER                                                                                                                                                 | JOHN STRAUBHAR  | PO BOX 566                                                                                                                                     | TWIN FALLS | ID                                                      | USA     | 83303-0566       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                              |            |                                                         |         |                  |  |
| <b>ID<br/>W 25836</b>                                                                                                                                  |                 | Signature: Douglas Vollmer                                                                                                                     |            |                                                         |         | Date: 07/08/2010 |  |
|                                                                                                                                                        |                 | Name (type or print): Douglas Vollmer                                                                                                          |            |                                                         |         | Title: Member    |  |
| Processed 07/08/2010                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                      |            |                                                         |         |                  |  |