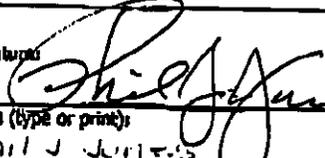


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No. W 98320	Reinstatement Annual Report Form ADMIN DISSOLVED 03/12/2012		2. Registered Agent and Office (NOT A P.O. BOX) PHIL J JONES 1598 BLUE LAKES BLVD N TWIN FALLS ID 83301																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. JAKE & GRACE LLC PHIL J JONES 1598 BLUE LAKES BLVD N 2222 Broadwater, Ste 100 TWIN FALLS ID 83301 Billings, MT 59102		3. New Registered Agent Signature.																																			
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>Phil J Jones</td> <td>2222 Broadwater, Ste 100</td> <td>Billings</td> <td>MT</td> <td></td> <td>59102</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Grace N Jones</td> <td>2222 Broadwater, Ste 100</td> <td>Billings</td> <td>MT</td> <td></td> <td>59102</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"/>	Phil J Jones	2222 Broadwater, Ste 100	Billings	MT		59102	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Grace N Jones	2222 Broadwater, Ste 100	Billings	MT		59102	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 98320	6. Signature:  Date: 3-7-13 Name (type or print): Phil J Jones Title: Manager																																					

Revised 03/07/2013 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM