

|                                                                                                                                                        |                     |                                                                                                                                              |      |                                                            |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------|---------|-------------|--|
| No. <b>W 78628</b>                                                                                                                                     |                     | <b>Due no later than Oct 31, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>JMAT LLC.<br>MICHELE E APPLEHANS<br>1141 DRISCOLL RIDGE RD<br>TROY ID 83871 |      | JESSE APPLEHANS<br>1141 DRISCOLL RIDGE RD<br>TROY ID 83871 |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                              |      | 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                                                                                                                                                 | JESSE L APPLEHANS   | 1141 DRISCOLL RIDGE RD                                                                                                                       | TROY | ID                                                         | USA     | 83871       |  |
| MEMBER                                                                                                                                                 | MICHELE E APPLEHANS | 1141 DRISCOLL RIDGE RD                                                                                                                       | TROY | ID                                                         | USA     | 83871       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 78628</b>                                                                                           |                     | 6. Annual Report must be signed.*<br>Signature: Michele Applehans<br>Name (type or print): Michele Applehans                                 |      |                                                            |         |             |  |
| Date: 11/12/2010<br>Title: Member                                                                                                                      |                     |                                                                                                                                              |      |                                                            |         |             |  |
| Processed 11/12/2010                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                    |      |                                                            |         |             |  |