No. **W 27489**	**Due no later than Dec 31, 2014** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** JP MANAGEMENT CO., LLC PO BOX 1640 EAGLE ID 83616	KIMBELL GOURLEY 225 N 9TH ST STE 820 BOISE 83702 3. New 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	DCMS MANAGEMENT CO LLC	PO BOX 1640	EAGLE	ID		83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
NV **W 27489**	Signature: DCMS Managment Co Inc	Date: 12/30/2014
	Name (type or print): DCMS Managment Co Inc	Title: Manager

Processed 12/30/2014

* Electronically provided signatures are accepted as original signatures.