No. <b>W 33971</b>		Due no later than Oct 31, 2016		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CLAYTON NANNINI			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  9X LLC J. FRANCIS FLORENCE PO BOX 5491			195 RIVER VISTA PLACE #304 TWIN FALLS ID 83301			
		TWIN FALLS ID 83303		3. <u>New</u> Register	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Co	mpanies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	STEVE DILL	JCCA	234 W 500 S	JEROME	ID	USA	83338	
MANAGER	J. FRANCIS	FLORENCE	4129 HIDDEN LAKES DRIVE	KIMBERLY	ID	USA	83341	
MANAGER	BETSY FLORENCE		4129 HIDDEN LAKES DRIVE	KIMBERLY	ID	USA	83341	
MANAGER	JEFF BLICK		332 FEDERATION ROAD	TWIN FALLS	ID	USA	83301	
MANAGER	BECKIE KUKAL		34 HORSESHOE CIRCLE	JEROME	ID	USA	83338	
MANAGER	WILLIAM K. BUNN		611 YINGST	JEROME	ID	USA	83338	
MANAGER			611 YINGST	JEROME	ID	USA	83338	
MANAGER CLAY NANNINI		3468 E 3225 N	KIMBERLY	ID	USA	83341		
MANAGER	R. G. MESSE	ERSMITH	2705 SUN MEADOW	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: 6. Annual R		6. Annual Report	nnual Report must be signed.*					
ID W 33971		Signature: Clay Nannini			Date: 09/09/2016			
		Name (type or print): Clay Nannini		Title: Member				
Processed 09/09/201	6	* Electronically pro	vided signatures are accepted as original	signatures.				