

No. W 106022		Due no later than Aug 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JON THOMAS 110 S 7TH ST BELLEVUE ID 83313	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. JON THOMAS LLC 1120 WOODSIDE BLVD HAILEY ID 83333-4957		3. <u>New</u> Registered Agent Signature.	
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member		Name	Street or PO Address	City	State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Jon Thomas 1120 Woodsid Blvd Hailey Id. USA 83333			
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of: IDAHO W 106022		6. Signature: <u>Jon Thomas</u>		Date: <u>8/9/14</u>	
		Name (type or print): <u>Jon Thomas</u>		Title: <u>OWNER-MANAGER</u>	
Issued 08/04/2014 by KAH 111357					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM