| No. <b>W 16928</b>   |                   | Due no later than Oct 31, 2015   |  | 2. Registered Ag         | 2. Registered Agent and Address (NO PO BOX)                             |         |                |  |
|--|-------------------|--|--|--------------------------|---|---------|----------------|--|
| Return to:   |                   | Annual Report Form   |  |                          | JOLENE E MICKELSEN  |         |                |  |
| 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.  JEM, LLC  JOLENE E MICKELSEN  573 N. 3600 E.  LEWISVILLE ID 83431  USA |  | LEWISVILLE               | 573 N. 3600 E. LEWISVILLE ID 83431  3. New Registered Agent Signature:* |         |                |  |
|  |                   |  |  | J. <u>Herv</u> Register  |   |         |                |  |
| <ol><li>Limited Liability Con</li></ol>  | npanies: Enter Na | mes and Addresse   | s of at least one Member or Manager.       |                          |   |         |                |  |
| Office Held  | Name              |  | Street or PO Address                       | City                     | State   | Country | Postal Code    |  |
| Manager<br>Manager   |                   |  | 573 NORTH 3600 EAST<br>573 NORTH 3600 EAST | LEWISVILLE<br>LEWISVILLE | ID<br>ID  |         | 83431<br>83431 |  |
| 5. Organized Under the Laws of:  |                   | 6. Annual Report must be signed.*  |  |                          |   |         |                |  |
| ID<br>W 16928  |                   | Signature: Jole  |  | Date: 08/22/2015         |   |         |                |  |
|  |                   | Name (type or  |  | Title: Manager           |   |         |                |  |
| Processed 08/22/2015   |                   | * Electronically pr  | ovided signatures are accepted as origina  | al signatures.           |   |         |                |  |