

|                                                                                                                                                        |                  |                                                                                                                                                                 |             |                                                              |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------|---------|-------------|--|
| No. <b>W 61896</b>                                                                                                                                     |                  | <b>Due no later than Apr 30, 2009</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>JB ISLAND PARK PROPERTIES, LLC<br>JERRY N WARD<br>2187 S PTARMIGAN WAY<br>IDAHO FALLS ID 83406 |             | JERRY N WARD<br>2187 S PTARMIGAN WAY<br>IDAHO FALLS ID 83406 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                 |             | 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                                                                                                                                                 | KATHERINE L WARD | 2187 S PTARMIGAN WAY                                                                                                                                            | IDAHO FALLS | ID                                                           | USA     | 83401       |  |
| MEMBER                                                                                                                                                 | JERRY N WARD     | 2187 S PTARMIGAN WAY                                                                                                                                            | IDAHO FALLS | ID                                                           | USA     | 83401       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 61896</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Jerry N. Ward<br>Name (type or print): Jerry N. Ward<br>Date: 04/08/2009<br>Title: Member                       |             |                                                              |         |             |  |
| Processed 04/08/2009                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                       |             |                                                              |         |             |  |