
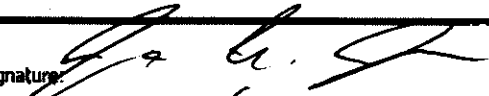


No. W 113887	Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) JASON STEVEN JONES 188 OLD HWY 2 LOOP RD MOYIE SPRINGS ID 83845
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. JONEZAUTOBODY, LLC JASON STEVEN JONES 188 OLD HWY 2 LOOP RD MOYIE SPRINGS ID 83845		 3. New Registered Agent Signature.
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"/>	Jason Jones	188 Old Hwy 2 Loop Rd. Moyie	Springs ID USA 83845
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 113887	6. Signature:  Name (type or print): Jason S. Jones Date: 10-2-13 Title: Member		
Issued 09/24/2013 by SLD			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM