

|                                                                                                                                                        |                 |                                                                                                                                                  |            |                                                        |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------|---------|------------------|--|
| No. <b>C 50673</b>                                                                                                                                     |                 | <b>Due no later than Jan 31, 2017</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>LESLIE R. JONES, INC.<br>RONALD L JONES<br>3717 N 2544 E<br>TWIN FALLS ID 83301 |            | RONALD L JONES<br>3717 N 2544 E<br>TWIN FALLS ID 83301 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                                  |            | 3. <u>New</u> Registered Agent Signature:*             |         |                  |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                 |                                                                                                                                                  |            |                                                        |         |                  |  |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                             | City       | State                                                  | Country | Postal Code      |  |
| SECRETARY                                                                                                                                              | RONALD L JONES  | 3717 N 2544 E                                                                                                                                    | TWIN FALLS | ID                                                     | USA     | 83301            |  |
| PRESIDENT                                                                                                                                              | DOUGLAS R JONES | 3717 N 2544 E                                                                                                                                    | TWIN FALLS | ID                                                     | USA     | 83301            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                |            |                                                        |         |                  |  |
| <b>ID<br/>C 50673</b>                                                                                                                                  |                 | Signature: Ronald L Jones                                                                                                                        |            |                                                        |         | Date: 11/28/2016 |  |
|                                                                                                                                                        |                 | Name (type or print): Ronald L Jones                                                                                                             |            |                                                        |         | Title: Secretary |  |
| Processed 11/28/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                        |            |                                                        |         |                  |  |