

No. W 92574	Due no later than Apr 30, 2011 Annual Report Form	2. Registered Agent and Address (NO PO BOX)				
Return to: 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. JOVAIR DIVERSIFIED ENTERPRISES, LLC DR. GLORIA GILBERE PO BOX 1565 SANDPOINT ID 83864-5131	DR GLORIA GILBERE 327 OLIVE ST, STE SANDPOINT ID 83864				
		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	SHARON L WISEMAN	1024 PARK AVE	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of: ID W 92574	6. Annual Report must be signed.* Signature: Sharon Wiseman Name (type or print): Sharon Wiseman		Date: 05/25/2011 Title: Assistant			
Processed 05/25/2011		* Electronically provided signatures are accepted as original signatures.				