

No. W 17400		Due no later than Dec 31, 2009 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		1. Mailing Address: Correct in this box if needed.		ALBERT W STRICKLAND III 2600 BIRDIE THOMPSON DR POCATELLO ID 83201			
		JAWS, LLC ALBERT W STRICKLAND 2600 BIRDIE THOMPSON DR POCATELLO ID 83201-2741 USA		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	ALBERT W STRICKLAND III	2600 BIRDIE THOMPSON DR	POCATELLO	ID	USA	83201	
MEMBER	JANE M STRICKLAND III	2600 BIRDIE THOMPSON DR	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 17400		6. Annual Report must be signed.* Signature: AW Strickland Name (type or print): AW Strickland					
		Date: 10/27/2009 Title: President					
Processed 10/27/2009 * Electronically provided signatures are accepted as original signatures.							