| No. W 113046 | Due no later than Apr 30, 2016 | 2. Registe | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|---------------------|--|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | Annual Report Form 1. Mailing Address: Correct in this box if needed JAC TOOL SERVICES, LLC JOE D ALVARD PO BOX 21 PIERCE ID 83546 | d. 501 PI PIERCI | JOE D ALVARD 501 PIERCE AVE PIERCE AVE ID 83546 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter No | ames and Addresses of at least one Member or Manager. | | | | | |
| Office Held Name | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER JOE D ALV MANAGER CHARLENE | | PIERCE PIERCE | ID ID | USA USA | 83546 83546 | |
| 5. Organized Under the Laws of: | Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | |
| ID | Signature: charlene alvard | | Date: 05/20/2016 | | | |
| W 113046 | Name (type or print): charlene alvard | | Title: manager | | | |
| Processed 05/20/2016 | * Electronically provided signatures are accepted as origi | nal signatures. | | | | |