

|                                                                                                                                                        |                 |                                                                                                                                             |       |                                                         |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------|---------|-------------|--|
| No. <b>W 149900</b>                                                                                                                                    |                 | <b>Due no later than Apr 30, 2016</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>CJ ADMIN, LLC.<br>13601 W MCMILLAN RD STE 102<br>PMB 354<br>BOISE ID 83713 |       | CLAYTON JONES<br>14071 W ROCHESTER DR<br>BOISE ID 83713 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                             |       | 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 |  |
| MANAGER                                                                                                                                                | JOHN L NELSON   | 1882 S RIVERFORD PLACE                                                                                                                      | EAGLE | ID                                                      | USA     | 83616       |  |
| MANAGER                                                                                                                                                | CLAYTON L JONES | 14071 W ROCHESTER DR                                                                                                                        | BOISE | ID                                                      | USA     | 83713       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 149900</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Clayton Jones<br>Name (type or print): Clayton Jones                                        |       |                                                         |         |             |  |
|                                                                                                                                                        |                 | Date: 02/23/2016<br>Title: Manager                                                                                                          |       |                                                         |         |             |  |
| Processed 02/23/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                   |       |                                                         |         |             |  |