

|                                                                                                                                                        |                   |                                                                                                                                                   |      |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 90452</b>                                                                                                                                     |                   | <b>Due no later than Feb 28, 2014</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>J & L VICKERS LLC<br>JEFFREY A VICKERS<br>1849 N BLACK FIRE AVE<br>STAR ID 83669 |      | LISA VICKERS<br>1849 N BLACK FIRE AVE<br>STAR ID 83669 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                   |      | 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                                                                                                                                                 | LISA K VICKERS    | 1849 N. BLACK FIRE AVE.                                                                                                                           | STAR | ID                                                     | USA     | 83669       |  |
| MEMBER                                                                                                                                                 | JEFFREY A VICKERS | 1849 N. BLACK FIRE AVE.                                                                                                                           | STAR | ID                                                     | USA     | 83669       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 90452</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: Jeff Vickers<br>Name (type or print): Jeff Vickers                                                |      |                                                        |         |             |  |
| Date: 12/14/2013<br>Title: Member                                                                                                                      |                   |                                                                                                                                                   |      |                                                        |         |             |  |
| Processed 12/14/2013                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                         |      |                                                        |         |             |  |