


No. W 105380	Reinstatement Annual Report Form ADMIN DISSOLVED 10/11/2013		2. Registered Agent and Office (NOT A P.O. BOX) JACOB THOMPSON 728 W ARCHERFIELD CT MERIDIAN ID 83646
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. JL COMPANY LLC JACOB THOMPSON 728 W ARCHERFIELD CT MERIDIAN ID 83646 USA		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jacob Thompson 728 W Archerfield Ct Meridian ID 83646		
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 105380 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): <div style="font-family: cursive; font-size: 1.1em;">Jacob Thompson</div> </div> <div style="width: 35%;"> Date: <div style="font-family: cursive; font-size: 1.1em;">Dec 3, 2013</div> <hr/> Title: <div style="font-family: cursive; font-size: 1.1em;">Owner</div> <hr/> </div> </div>	
Issued 11/25/2013 by SLD			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM