

No. <b>W 145917</b>		<b>Due no later than Dec 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  JONES PLACE, LLC TIM SHAW 49 CORRAL CREEK RD CASCADE ID 83611		TIM SHAW 49 CORRAL CREEK RD CASCADE ID 83611			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name TIM SHAW	Street or PO Address 49 CORRAL CREEK RD		City CASCADE	State ID	Country USA	Postal Code 83611
5. Organized Under the Laws of:  <b>ID</b> <b>W 145917</b>		6. Annual Report must be signed.*  Signature: Tim Shaw Name (type or print): Tim Shaw  Date: 12/09/2015 Title: President					
Processed 12/09/2015      * Electronically provided signatures are accepted as original signatures.							