

No. W 92542	Due no later than Apr 30, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) TREVOR JONES 292 N 300 W MALAD CITY ID 83252																						
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. JONES FAMILY ENTERPRISES LLC 292 N 300 W MALAD CITY ID 83252		3. <u>New</u> Registered Agent Signature.																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Trevor Jay Jones</td> <td>365 W. 400 W.</td> <td>malad</td> <td>10</td> <td></td> <td>83252</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Emily Faith Jones</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	<input checked="" type="checkbox"/>	Trevor Jay Jones	365 W. 400 W.	malad	10		83252	<input type="checkbox"/>	Emily Faith Jones					
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5. Organized Under the Laws of: IDAHO W 92542		6. Signature: <u>Trevor Jones</u> Date: <u>5/9/11</u> Name (type or print): <u>Trevor Jones</u> Title: <u>Mgr</u>																							
Issued 05/09/2011 by LJC 129000																									