

|                                                                                                                                                        |               |                                                                                                                                                      |      |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 90362</b>                                                                                                                                     |               | <b>Due no later than Feb 28, 2017</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>JNS INSURANCE, LLC.<br>SHERRY TAYLOR<br>10473 W GLOXINIA ST<br>STAR ID 83669<br>USA |      | JEFF TAYLOR<br>10473 W GLOXINIA ST<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                                                                                                                                                 | JEFF TAYLOR   | 10473 WGLOXINIA ST                                                                                                                                   | STAR | ID                                                  | USA     | 83669       |  |
| MEMBER                                                                                                                                                 | SHERRY TAYLOR | 10473 W GLOXINIA ST                                                                                                                                  | STAR | ID                                                  | USA     | 83669       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 90362</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Sherry Taylo<br>Name (type or print): Sherry Taylo                                                   |      |                                                     |         |             |  |
| Date: 02/04/2017<br>Title: secretary                                                                                                                   |               |                                                                                                                                                      |      |                                                     |         |             |  |
| Processed 02/04/2017                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                            |      |                                                     |         |             |  |