

No. <b>W 7354</b>	<b>Due no later than Nov 30, 2012 Annual Report Form</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> MARILYN J EAVES 421 E CLOVERLEAF DR HAYDEN LAKE ID 83835																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> MJE, L.L.C. MARILYN J EAVES <del>421 E CLOVERLEAF DR</del> <i>P.O. Box 2908</i> <del>HAYDEN LAKE</del> ID 83835		<b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>MARILYN J. EAVES</td> <td>P.O. BOX 2908,</td> <td>HAYDEN,</td> <td>ID</td> <td>USA</td> <td>83835</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></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	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	MARILYN J. EAVES	P.O. BOX 2908,	HAYDEN,	ID	USA	83835	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	MARILYN J. EAVES	P.O. BOX 2908,	HAYDEN,	ID	USA	83835																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
<b>5. Organized Under the Laws of:</b>  IDAHO W 7354	<b>6. <i>Marilyn J. Eaves</i></b> Signature: _____ Name (type or print): <u>MARILYN J. EAVES</u> Date: <u>9/28/12</u> Title: <u>MGR.</u>																																					