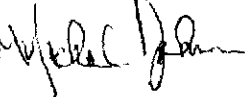


No. <b>W 83494</b>	<b>Due no later than Apr 30, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> M LYNN DUNLAP 415 ADDISON AVE STE 1 TWIN FALLS ID 83303
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. Mailing Address: Correct in this box if needed. MBJ, LLC MICHAEL JOHNSON 8082 HAMPSHIRE RD ORANGE CA 92867		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 checked="" type="checkbox"/> Member <input type="checkbox"/> Michael L Johnson 8082 E Hampshire ORANGE CA 92867			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> BARBARA JOHNSON 8082 E Hampshire ORANGE CA 92867			
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-weight: bold; font-size: large;">             CALIFORNIA              W 83494           </div>		6. Signature:  <hr/> Name (type or print): Michael L Johnson	
		Date: 3/5/18 <hr/> Title: MANAGER	
Issued 02/26/2018 by KAH		107077	

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM