No. **W 16073**	Reinstatement Annual Report Form ADMIN DISSOLVED 10/06/2009	2. Registered Agent and Office **(NOT A P.O. BOX)** DOUGLAS S MARFICE 700 IRONWOOD DR STE 301 COEUR D'ALENE ID 83814
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	**1. Mailing Address: Correct in this box if needed.** JSJ PROPERTY MANAGEMENT, L.L.C. JODI L JOHNSON ~~PO BOX 1740~~ & 1296 E Polston Ave POST FALLS ID 83854 *Po Box Closed.*	
REINSTATEMENT FEE DUE: $30.00		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
CEO	Scott Johnson	1296 E Polston	Post Falls	ID		83854
manager	Jodi Johnson	"	"	"		"

5. Organized Under the Laws of: IDAHO W 16073	6. Signature: *Jodi Johnson* Date: 11-1-09 Name (type or print): *Jodi Johnson* Title:

Issued 10/22/2009 by LJM

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a <u>new</u> registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management.**Note:** <u>Do not</u> put "same as last year" or "same as above". **These will not be accepted.**

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

10/22/2009