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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------|---------------------|
| No. <b>W 127614</b>                                                                                                                                    |            | <b>Due no later than Jul 31, 2014</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>JMS ROHINI, LLC<br>NIKOLE CUMMINGS<br>1745 E TILFORD LN STE A<br>COEUR D ALENE ID 83814 |          | NIKOLE CUMMINGS<br>1745 E TILFORD LN STE A<br>COEUR D ALENE ID 83814 |                     |
|                                                                                                                                                        |            |                                                                                                                                                                                           |          | 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                                                                                                                                                 | JOHN STONE | 1745 W TILFORD LANE SUITE A                                                                                                                                                               | RATHDRUM | ID                                                                   | USA 83814           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 127614</b>                                                                                          |            | 6. Annual Report must be signed.*<br>Signature: Nikole Cummings<br>Name (type or print): Nikole Cummings<br>Date: 05/12/2014<br>Title: Registered Agent                                   |          |                                                                      |                     |
| Processed 05/12/2014                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                                                                 |          |                                                                      |                     |