No. <b>W 117102</b>		Due no later than Sep 30, 2018		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.		ed.	JACOB E MURRAY 5463 PAHALA DR			
		JEM & ASSOCIATES, LLC JACOB E MURRAY 5463 PAHALA DR			IDAHO FALLS ID 83404			
NO FILING FEE IF		IDAHO FALLS ID 83404		٥	3. <u>New</u> Registered Agent Signature:*			
RECEIVED BY DUE DATE								
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 JACOB E MU		JRRAY	5463 Pahala Dr		IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jacob Murray			Date: 07/31/2018			
W 117102		Name (type or print): Jacob Murray			Title: Sole Member			
Processed 07/31/2018 * Electronically provided signatures are accepted as original signatures.								