

|                                                                                                                                                        |                |                                                                                                                                                |             |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 124278</b>                                                                                                                                    |                | <b>Due no later than Apr 30, 2017</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>1. Mailing Address: Correct in this box if needed.</b><br><br>JW BEACON, LLC<br>JEFFERY K. WARD<br>149 N PLACER AVE<br>IDAHO FALLS ID 83402 |             | JEFFREY WARD<br>149 N PLACER AVE<br>IDAHO FALLS ID 83402 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                |             | 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                                                                                                                                                 | JEFFERY K WARD | 149 N. PLACER AVE.                                                                                                                             | IDAHO FALLS | ID                                                       | USA     | 83402       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 124278</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Jeffery Ward<br>Name (type or print): Jeffery Ward<br>Date: 05/23/2017<br>Title: member        |             |                                                          |         |             |  |
| Processed 05/23/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                      |             |                                                          |         |             |  |