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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|---------|----------------------|--|
| No. <b>W 69865</b>                                                                                                                                     |                  | <b>Due no later than Dec 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>JC2 ENTERPRISES, LLC<br>MICHAEL A DUNCAN, D.C.<br>131 N. WHITLEY DR.<br>FRUITLAND ID 83619<br>USA |           | MICHAEL A DUNCAN<br>131 N. WHITLEY DR.<br>FRUITLAND 83619 |         |                      |  |
|                                                                                                                                                        |                  |                                                                                                                                                                                                     |           | 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                                                                                                                                                 | MICHAEL A DUNCAN | 131 N. WHITLEY DR.                                                                                                                                                                                  | FRUITLAND | ID                                                        | USA     | 83619                |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                                                                   |           |                                                           |         |                      |  |
| <b>ID<br/>W 69865</b>                                                                                                                                  |                  | Signature: Michael A. Duncan, D.C.                                                                                                                                                                  |           |                                                           |         | Date: 11/05/2014     |  |
|                                                                                                                                                        |                  | Name (type or print): Michael A. Duncan, D.C.                                                                                                                                                       |           |                                                           |         | Title: Owner/Manager |  |
| Processed 11/05/2014                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                                           |           |                                                           |         |                      |  |