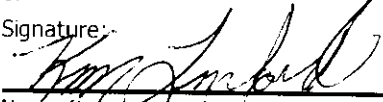
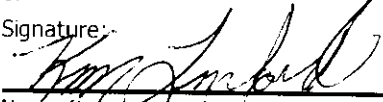
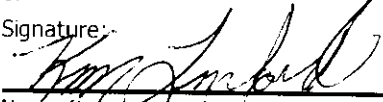


No. W 112473	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015		2. Registered Agent and Office (NOT A P.O. BOX) KIM MONCUR LINFORD 6781 E IONA RD IDAHO FALLS ID 83401																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. JAK, LLC KIM MONCUR LINFORD 6781 E IONA RD IDAHO FALLS ID 83401		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>KIM LINFORD</td> <td>6781 E. IONARD</td> <td>ID</td> <td>BOISEVILLE</td> <td></td> <td>83401</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	KIM LINFORD	6781 E. IONARD	ID	BOISEVILLE		83401	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 112473 </div>	6. <table style="width: 100%;"> <tr> <td style="width: 70%;">Signature: </td> <td style="width: 30%;">Date: <u>8-7-15</u></td> </tr> <tr> <td>Name (type of print): <u>KIM M LINFORD</u></td> <td>Title: <u>PRESIDENT</u></td> </tr> </table>			Signature: 	Date: <u>8-7-15</u>	Name (type of print): <u>KIM M LINFORD</u>	Title: <u>PRESIDENT</u>																															
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