No. <b>W 129366</b>		e no later than Sep 30, 2014	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.		JOHN M WIBLER 3010 SIXTH ST			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	JMCA, LLC JOHN M WEII 3010 SIXTH S			LEWISTON ID 83501			
	LEWISTON ID 83501		3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF 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 CELIA A	WEIBLER	3010 6TH STREET	LEWISTON	ID	USA	83501	
MANAGER JOHN M	WEIBLER	3010 6TH STREET	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: 6. Annual Repor		must be signed.*					
ID Signature:		nn M Weibler	Date: 07/28/2014				
W 129366	Name (type or	Name (type or print): John M Weibler		Title: Manager			
Processed 07/28/2014	* Electronically pr	* Electronically provided signatures are accepted as original signatures.					