| No. <b>W 98894</b>                                                               |                                                                           | Due no later than Dec 31, 2015                                                                                                         |                                              | 2. Registered  | 2. Registered Agent and Address (NO PO BOX)                            |            |                |  |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------|------------------------------------------------------------------------|------------|----------------|--|
| Return to:                                                                       |                                                                           | Annual Report Form                                                                                                                     |                                              |                | DONALD M LIDSTROM                                                      |            |                |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                                                                           | 1. Mailing Address: Correct in this box if needed.  JOHNSON INVESTMENTS ONE LLC  JAMES P JOHNSON  516 S WOODDALE PLACE  EAGLE ID 83616 |                                              | BOISE ID       | 1760 N MITCHELL ST BOISE ID 83704  3. New Registered Agent Signature:* |            |                |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                                         |                                                                           |                                                                                                                                        |                                              |                |                                                                        |            |                |  |
| 4. Limited Liability Compani                                                     | ies: Enter Nar                                                            | mes and Address                                                                                                                        | ses of at least one Member or Manager.       |                |                                                                        |            |                |  |
| Office Held                                                                      | Name                                                                      |                                                                                                                                        | Street or PO Address                         | City           | State                                                                  | Country    | Postal Code    |  |
|                                                                                  | KARA L JOHNSON<br>JAMES P JOHNSON                                         |                                                                                                                                        | 516 S WOODDALE PLACE<br>516 S WOODDALE PLACE | EAGLE<br>EAGLE | ID<br>ID                                                               | USA<br>USA | 83616<br>83616 |  |
| 5. Organized Under the Laws of:                                                  |                                                                           | 6. Annual Report must be signed.*                                                                                                      |                                              |                |                                                                        |            |                |  |
| ID<br>W 98894                                                                    |                                                                           | Signature: kara johnson                                                                                                                |                                              |                | Date: 11/01/2015                                                       |            |                |  |
|                                                                                  |                                                                           | Name (type                                                                                                                             | or print): kara johnson                      |                | Title: member                                                          |            |                |  |
| Processed 11/01/2015                                                             | * Electronically provided signatures are accepted as original signatures. |                                                                                                                                        |                                              |                |                                                                        |            |                |  |