



# Idaho Limited Liability Company Annual Report Form

File online at: [SOSBIZ.idaho.gov](http://SOSBIZ.idaho.gov)

Due on/Before: 08/31/2011

Reporting Year: 2011

Return completed form within 30 days to:

Idaho Secretary of State  
Attn: Annual Reports  
700 West Jefferson, E205  
450 North 4th Street  
Boise, ID 83702  
Phone: (208) 334-2300

**Annual Report: No filing fee if received by due date.**  
If reinstatement is required, the reinstatement fee is \$30.00.

SOS Control Number: 90114

Filing Status: Inactive-Dissolved  
(Administrative)

Reinstatement Entity (\$30 fee)

Limited Liability Company (D)

Date Formed: 08/21/2003

Formation Locale: ID

### Name and Mailing Address:

MCJJ, LLC  
~~PO BOX 1447~~  
~~RANCHO SANTA FE, CA 92067~~

### (1) Add or Change Mailing Address:

1100 N. Fairfax St.  
Alexandria, VA 22314-1443

### Registered Agent (RA) and Registered Office (RO) Address:

NO AGENT  
AGENT RESIGNED OR INVALID  
BOISE, ID 83702 (ADA)

### (2) Change RA and/or RO Address:

Evans Keane LLP  
1161 W. River St., Ste 100  
Boise, Idaho 83702

Note: The Registered Office address must be a physical Idaho address (no postal box).

### (3) New Registered Agent (RA) Signature:

*Evans Keane LLP by [Signature]*

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Mary J. McMillan	1100 N. Fairfax St., A	Alexandria, VA 22314
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Jean Twilegar	P.O. Box 8605	Mammoth Lakes, CA 93546
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Judith D. Roberts	P.O. Box 1447	Rancho Santa Fe, CA 92067
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*[Signature]*

(6) Date:

Oct. 9, 2018

(7) Type/Print Name:

James D. Hovren

(8) Title:

Agent

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. Sign and date this form and return to the address provided above.

B0027-1109 10/09/2018 4:56 PM Received by ID Secretary of State Lawrence Denney