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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------|---------|-------------|--|
| No. <b>W 75569</b>                                                                                                                                     |               | <b>Due no later than Jun 30, 2012</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>1. Mailing Address: Correct in this box if needed.</b><br><br>JAMD MEDIA, LLC<br>MICHELLE CLOW<br>3313 W CHERRY LANE BOX 129<br>MERIDIAN ID 83642 |          | MICHELLE CLOW<br>2681 N EVENINGSIDE WAY<br>MERIDIAN ID 83646 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                      |          | 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                                                                                                                                                 | MICHELLE CLOW | 3313 W CHERRY LANE BOX 129                                                                                                                           | MERIDIAN | ID                                                           | USA     | 83642       |  |
| MEMBER                                                                                                                                                 | ANDREW CLOW   | 3313 W CHERRY LANE BOX 129                                                                                                                           | MERIDIAN | ID                                                           | USA     | 83642       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 75569</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Michelle Clow<br>Name (type or print): Michelle Clow<br>Date: 04/21/2012<br>Title: Member            |          |                                                              |         |             |  |
| Processed 04/21/2012                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                            |          |                                                              |         |             |  |