| No. <b>W 60690</b>   |                                      | Due no later than Mar 31, 2017   |                          | 2. Registered Agent and Address (NO PO BOX) |         |                |  |
|--|--------------------------------------|--|--------------------------|---|---------|----------------|--|
| Return to:   |                                      | Annual Report Form  1. Mailing Address: Correct in this box if needed.  JA MANAGEMENT, LTD. CO.  APRIL L BROWN  138 DEFORD RD  WHITE BIRD ID 83554  3. New Registered Agent Signature:** |                          | 138 DEFORD RD                               |         |                |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | JA MANAGE<br>APRIL L BI<br>138 DEFOR |  |                          |   |         |                |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                                      |  |                          |   |         |                |  |
| 4. Limited Liability Companies: Ent  | er Names and Addre                   | sses of at least one Member or Manager.  |                          |   |         |                |  |
| Office Held Name   |                                      | Street or PO Address   | City                     | State                                       | Country | Postal Code    |  |
|  | D A BROWN<br>L BROWN                 | 138 DEFORD RD<br>138 DEFORD RD   | WHITE BIRD<br>WHITE BIRD | ID<br>ID                                    |         | 83554<br>83554 |  |
| 5. Organized Under the Laws of: 6. Annual Re                                     |                                      | oort must be signed.*  |                          |   |         |                |  |
| ID ID  | Signature:                           | April L. Brown   |                          | Date: 03/27/2017                            |         |                |  |
| W 60690  | Name (type                           | Name (type or print): April L. Brown   |                          | Title: Member                               |         |                |  |
| Processed 03/27/2017   | * Electronically                     | * Electronically provided signatures are accepted as original signatures.  |                          |   |         |                |  |