

|                                                                                                                                                        |              |                                                                                                                                                                                  |            |                                                       |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------|---------------------|
| No. <b>W 7629</b>                                                                                                                                      |              | <b>Due no later than Dec 31, 2016</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>JORDAN WHOLESALE, LLC<br>TERRY JORDAN<br>3200 W SELTICE<br>POST FALLS ID 83854 |            | TERRY JORDAN<br>3200 W SELTICE<br>POST FALLS ID 83854 |                     |
|                                                                                                                                                        |              |                                                                                                                                                                                  |            | 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                                                                                                                                                 | TERRY JORDAN | 3200 W. SELTICE AY                                                                                                                                                               | POST FALLS | ID                                                    | 83854               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 7629</b>                                                                                            |              | 6. Annual Report must be signed.*<br>Signature: Terry Jordan<br>Name (type or print): Terry Jordan<br>Date: 10/26/2016<br>Title: member                                          |            |                                                       |                     |
| Processed 10/26/2016                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                        |            |                                                       |                     |