No. J 1479 Return to:		Due no later than Jul 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX) TIM JACKSON 1252 S. 52ND E. IDAHO FALLS ID 83401 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability F	Partnerships: Enter N	ames and Business Addr	esses of two (2) or more partners.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PARTNER	TIM JACKSO	N	C/O SEEDALL LAW OFFICE 1192 S. 52ND E.	IDAHO FALLS	ID	USA	83401
PARTNER	TWJ IRREVOCABLE TRUST		C/O SEEDALL LAW OFFICE 1192 S. 52ND E.	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID J 1479		Signature: Scott Seedall		Date: 09/09/2018			
		Name (type or print): Scott Seedall		Title: Attorney			
Processed 09/09/20	018	* Electronically provided	d signatures are accepted as original sig	natures.	•		•