




No. W 8988	Due no later than Jun 30, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) PATRICIA E ANSON 6220 EL GATO LN MERIDIAN ID 83642
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. JP ARABIANS, L.L.C. PATRICIA E ANSON 6220 EL GATO LN MERIDIAN ID 83642		3. <u>New</u> Registered Agent Signature.

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Patricia Anson	6220 EL Gato Ln	Meridian	ID	USA	83642
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 8988 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>7-30-12</u> </td> </tr> <tr> <td colspan="2"> Name (type or print): <u>PATRICIA ANSON</u> </td> </tr> <tr> <td colspan="2"> Title: <u>Owner/Manager</u> </td> </tr> </table>	Signature: 	Date: <u>7-30-12</u>	Name (type or print): <u>PATRICIA ANSON</u>		Title: <u>Owner/Manager</u>	
Signature: 	Date: <u>7-30-12</u>						
Name (type or print): <u>PATRICIA ANSON</u>							
Title: <u>Owner/Manager</u>							

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