| No. W 174906 | | Due no later than Dec 31, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------------------------|---|------------------------|---|-------------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON | | Annual Report Form 1. Mailing Address: Correct in this box if needed. JS2 ENTERPRISES, LLC SHANNON M DAVIS 3992 CLEARFIELD LANE AMMON ID 83406-8380 | | SHANNON DAVIS 3992 CLEARFIELD LANE AMMON ID 83406-8340 3. New Registered Agent Signature:* | | | |
| PO BOX 83720 BOISE, ID 83720-0080 | SHANNON M 3992 CLEARFIE | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | AMMON ID 8 | 51 00-0360 | 3. <u>110W</u> Registe | ered rigenic 5 | igridiai ci | | |
| 4. Limited Liability Companies: Enter | Names and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER SHANNO | N MARIE DAVIS | 3992 CLEARFIELD LANE | AMMON | ID | USA | 83406-8380 | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | must be signed.* | | | | | |
| DE | Signature: Sha | Signature: Shannon M Davis | | Date: 01/14/2018 | | | |
| W 174906 | Name (type or | Name (type or print): Shannon M Davis | | Title: President | | | |
| Processed 01/14/2018 | * Electronically pr | * Electronically provided signatures are accepted as original signatures. | | | | | |