

No. W 54281	Reinstatement Annual Report Form ADMIN DISSOLVED 12/07/2010		2. Registered Agent and Office (NOT A P.O. BOX) COOPER JACKSON KALISEK 2107 HARRISON <i>1716 N. 13TH</i> BOISE ID 83702 <i>Boise Id 83702</i>														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. JAXON LLC 2107 HARRISON BLVD BOISE ID 83702		3. New Registered Agent Signature. <i>Cooper Kalisek</i>														
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Manager/Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Cooper Kalisek</td><td>Manager/member</td><td>1716 N. 13TH</td><td>Boise Id</td><td>USA</td><td>83702</td><td>13TH</td></tr></tbody></table>				Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code	Cooper Kalisek	Manager/member	1716 N. 13TH	Boise Id	USA	83702
Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code											
Cooper Kalisek	Manager/member	1716 N. 13TH	Boise Id	USA	83702	13TH											
5. Organized Under the Laws of: IDAHO W 54281	6. <table><tr><td>Signature:</td><td><i>Cooper Kalisek</i></td><td>Date:</td><td><i>12/12/10</i></td></tr><tr><td>Name (type or print):</td><td><i>Cooper Kalisek</i></td><td>Title:</td><td><i>Mgr.</i></td></tr></table>			Signature:	<i>Cooper Kalisek</i>	Date:	<i>12/12/10</i>	Name (type or print):	<i>Cooper Kalisek</i>	Title:	<i>Mgr.</i>						
Signature:	<i>Cooper Kalisek</i>	Date:	<i>12/12/10</i>														
Name (type or print):	<i>Cooper Kalisek</i>	Title:	<i>Mgr.</i>														
Issued 12/13/2010 by SLD																	