

No. W 14503	Due no later than Feb 28, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. UJCL, LLC DAVE LAWRENCE 1825 FLORAL AVE TWIN FALLS ID 83301		DAVID LAWRENCE 1825 FLORAL AVE TWIN FALLS ID 83301			
			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
MANAGER	GERALD MARTENS	621 N COLLEGE STE 100	TWIN FALLS	ID	USA	83301
MANAGER	DAVID LAWRENCE	1825 FLORAL AVE	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 14503	6. Annual Report must be signed.* Signature: David Lawrence Name (type or print): David Lawrence		Date: 01/13/2014 Title: Manager			
Processed 01/13/2014		* Electronically provided signatures are accepted as original signatures.				