

|                                                                                                                                                        |               |                                                                                                                                                                                               |      |                                                            |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------|---------|-------------|--|
| No. <b>W 81250</b>                                                                                                                                     |               | <b>Due no later than Feb 29, 2016</b>                                                                                                                                                         |      | <b>2. Registered Agent and Address (NO PO BOX)</b>         |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>DOUBLE J TIMBER SERVICE LLC<br>KATE N GLENN<br>798 N PRINGLEWOOD PL<br>STAR ID 83669<br>USA |      | KATE NEWTON GLENN<br>798 N PRINGLEWOOD PL<br>STAR ID 83669 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                                               |      | 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 |  |
| MEMBER                                                                                                                                                 | JAMES A GLENN | 798 N. PRINGLEWOOD PL                                                                                                                                                                         | STAR | ID                                                         | USA     | 83669       |  |
| MEMBER                                                                                                                                                 | KATE N GLENN  | 798 N. PRINGLEWOOD PLACE                                                                                                                                                                      | STAR | ID                                                         | USA     | 83669       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 81250</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Kate N Glenn<br>Name (type or print): Kate N Glenn<br>Date: 12/23/2015<br>Title: Member/Owner                                                 |      |                                                            |         |             |  |
| Processed 12/23/2015                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                                     |      |                                                            |         |             |  |