



| No. W 57698 | Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2008 | | 2. Registered Agent and Office (NOT A P.O. BOX) CHRISTOPHER M JENSEN 724 EAST 800 NORTH FIRTH ID 83236 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------|--|-------------|----------------------|------|-------|---------|-------------|---|--------------------|-------------|-------|----|-----|-------|---|-----------------|-------------|-------|----|-----|-------|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. JENS ENTERPRISES, LLC 724 EAST 800 NORTH 750 E 800 N FIRTH ID 83236 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | 3. <u>New</u> Registered Agent Signature.  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Manager or 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>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Christopher Jensen</td> <td>750 E 800 N</td> <td>Firth</td> <td>ID</td> <td>USA</td> <td>83236</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kimberly Jensen</td> <td>750 E 800 N</td> <td>Firth</td> <td>ID</td> <td>USA</td> <td>83236</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Christopher Jensen | 750 E 800 N | Firth | ID | USA | 83236 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Kimberly Jensen | 750 E 800 N | Firth | ID | USA | 83236 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Christopher Jensen | 750 E 800 N | Firth | ID | USA | 83236 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Kimberly Jensen | 750 E 800 N | Firth | ID | USA | 83236 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 57698 | | 6. Signature:  Name (type or print): <u>Chris Jensen</u> Date: <u>12-8-17</u> ^{CS} Title: <u>Member</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM