

|                                                                                                                                                        |              |                                                                                                                                                                     |          |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 78100</b>                                                                                                                                     |              | <b>Due no later than Oct 31, 2014</b>                                                                                                                               |          | 2. Registered Agent and Address <b>(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>1. Mailing Address: Correct in this box if needed.</b><br>CJ'S HEATING & AIR CONDITIONING, L.L.C.<br>CLAYTON D WEBB<br>210 SPRUCE ST<br>KIMBERLY ID 83341<br>USA |          | CLAYTON D WEBB<br>210 SPRUCE ST<br>KIMBERLY 83341  |         |                  |  |
|                                                                                                                                                        |              |                                                                                                                                                                     |          | 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                                                                                                                                                 | JAMIE D WEBB | 210 SPRUCE ST                                                                                                                                                       | KIMBERLY | ID                                                 | USA     | 83341            |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                                   |          |                                                    |         |                  |  |
| <b>ID<br/>W 78100</b>                                                                                                                                  |              | Signature: CLAYTON WEBB                                                                                                                                             |          |                                                    |         | Date: 11/14/2014 |  |
|                                                                                                                                                        |              | Name (type or print): CLAYTON WEBB                                                                                                                                  |          |                                                    |         | Title: OWNER     |  |
| Processed 11/14/2014                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                           |          |                                                    |         |                  |  |