

|  |               |  |                  |   |         |                       |  |
|--|---------------|--|------------------|---|---------|-----------------------|--|
| No. <b>J 1878</b>  |               | <b>Due no later than Jun 30, 2016</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>TJ EXPRESS LLP<br>JAMES STRAIT C/O MIDDLETON ACCOUNTING & TAX<br>ATTN MARIANNE SPENCER<br>106 W MAIN ST STE C<br>MIDDLETON ID 83644 |                  | MARIANNE SPENCER<br>106 W MAIN ST STE C<br>MIDDLETON ID 83644 |         |                       |  |
|  |               |  |                  | 3. <u>New</u> Registered Agent Signature:*                    |         |                       |  |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.   |               |  |                  |   |         |                       |  |
| Office Held  | Name          | Street or PO Address   | City             | State   | Country | Postal Code           |  |
| PARTNER  | TAMMY GODSILL | 60702 194TH STREET   | PACIFIC JUNCTION | IA  | USA     | 51561                 |  |
| PARTNER  | JAMES STRAIT  | 60702 194TH STREET   | PACIFIC JUNCTION | ID  | USA     | 51561                 |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*  |                  |   |         |                       |  |
| <b>ID<br/>J 1878</b>   |               | Signature: Marianne Chaney   |                  |   |         | Date: 06/18/2016      |  |
|  |               | Name (type or print): Marianne Chaney  |                  |   |         | Title: Tax Accountant |  |
| Processed 06/18/2016   |               | * Electronically provided signatures are accepted as original signatures.  |                  |   |         |                       |  |