No. <b>W 75824</b>		Due no later than Jul 31, 2010		2. Registered	2. Registered Agent and Address (NO PO BOX)  MIKE SOLOMON 504 HWY 30 W INKOM ID 83245  3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  J AND M ENTERPRIZES LLC MIKE M SOLOMON PO BOX 210 INKOM ID 83245 USA		504 HWY 30 INKOM ID				
NO FILING FEE IF RECEIVED BY DUE DATE				ov <u>nov</u> vogos				
4. Limited Liability Compar Office Held	nies: Enter Nai Name	nes and Address	es of at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER	JULIE A SOLOMON MIKE M SOLOMON		504 HIGHWAY 30 WEST 504 HIGHWAY 30 WEST	INKOM INKOM	ID ID	USA USA	83245 83245	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 75824		Signature: Julie Solomon  Name (type or print): Julie Solomon			Date: 06/24/2010 Title: Manager			
Processed 06/24/2010	* Electronically provided signatures are accepted as original signatures.							