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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 133690</b>                                                                                                                                    |               | <b>Due no later than Jan 31, 2017</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>2J CONSTRUCTION AND DEVELOPMENT LLC AN IDAHO<br>LIMITED LIABILITY COMPANY<br>ROCKY MOUNTAIN PROFESSIONAL SERVICES<br>104 S WARPATH<br>SALMON ID 83467 |        | JAMES D SESSIONS<br>9 TWIN SISTER CIR<br>SALMON ID 83467 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                                                                    |        | 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                                                                                                                                                 | WAYNE HAMBLIN | 104 S WARPATH                                                                                                                                                                                                      | SALMON | ID                                                       | USA     | 83467       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 133690</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Wayne Hamblin<br>Name (type or print): Wayne Hamblin<br>Date: 11/22/2016<br>Title: Agent                                                                           |        |                                                          |         |             |  |
| Processed 11/22/2016                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                                                          |        |                                                          |         |             |  |