

|                                                                                                                                                        |               |                                                                                                                                               |       |                                                         |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------|---------|------------------|--|
| No. <b>W 132589</b>                                                                                                                                    |               | <b>Due no later than Dec 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><br>GEC-JELV, LLC<br>GREGORY WELLS<br>515 S FITNESS PL STE 120<br>EAGLE ID 83616 |       | GREGORY WELLS<br>2061 E TACONIC DR<br>MERIDIAN ID 83642 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                               |       | 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                                                                                                                                                 | GREGORY WELLS | 2061 E TACONIC DR                                                                                                                             | EAGLE | ID                                                      | USA     | 83616            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                             |       |                                                         |         |                  |  |
| <b>ID<br/>W 132589</b>                                                                                                                                 |               | Signature: Kyle Kunde                                                                                                                         |       |                                                         |         | Date: 01/11/2018 |  |
|                                                                                                                                                        |               | Name (type or print): Kyle Kunde                                                                                                              |       |                                                         |         | Title: CPA       |  |
| Processed 01/11/2018                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                     |       |                                                         |         |                  |  |