| No. **W 111991** | **Due no later than Mar 31, 2014** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **Annual Report Form**<br>**1. Mailing Address: Correct in this box if needed.**<br>JW STAFFING SOLUTIONS LLC<br>JOELENE WHITTAKER<br>14337 W SEDONA DR<br>BOISE ID 83703 | JOELENE WHITTAKER<br>14337 W SEDONA DR<br>BOISE ID 83703<br><br>3. New 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 | JOELENE WHITTAKER | 14337 W SEDONA DRIVE | BOISE | ID | USA | 83713 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 111991** | Signature: Joelene Whittaker | Date: 03/21/2014 |
| | Name (type or print): Joelene Whittaker | Title: Member-manager |

Processed 03/21/2014

* Electronically provided signatures are accepted as original signatures.