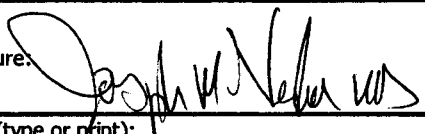


<b>No. W 20060</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b>  JOSEPH M VERSKA MD <del>360 E MONTVUE</del> <del>MERIDIAN ID 83642</del> 1643 N. Watson Place Eagle, ID 83616
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  SJJV, LLC <del>360 E MONTVUE</del> 1643 N. Watson Place <del>MERIDIAN ID 83642</del> Eagle, ID 83616		<b>3. <u>New</u> Registered Agent Signature.</b>
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Joseph M. Verska 1643 N. Watson Place, Eagle, ID USA 83616		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Samuel S. Jorgenson 360 E. Montvue Dr., Meridian, ID 83642		
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center;"> <b>IDAHO W 20060</b> </div>	<b>6.</b> Signature:  <hr/> Name (type or print): Joseph M. Verska		
	Date: 12/2/15		Title: Member

Issued 10/30/2015 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**