

<b>No. W 5638</b>  Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 <b>NO FEE REQUIRED</b>	<b>Annual Report Form</b> Due No Later Than November 30, 1 Mailing Address - Please Correct, 1 Not Correct	<b>2. Registered Agent and Office NOT A P.O. BOX</b>  TIMOTHY ELSBERRY <del>814 HEARLINA CT</del> 18378 PRIDE LN <del>NAMPA ID 83686</del> Caldwell Ida. 83605												
	L.J.T. LLC TIMOTHY ELSBERRY <del>814 HEARLINA CT</del> 18378 PRIDE LN <del>NAMPA ID 83686</del> Caldwell Ida. 83605	<b>3. Organized Under the Laws of:</b>  W 5638												
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)														
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 35%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">MANAGERS</td> <td style="vertical-align: top;">Timothy Elsberry</td> <td style="vertical-align: top;">18378 PRIDE LN</td> <td style="vertical-align: top;">Caldwell</td> <td style="vertical-align: top;">Ida.</td> <td style="vertical-align: top;">83605</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	MANAGERS	Timothy Elsberry	18378 PRIDE LN	Caldwell	Ida.	83605
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<b>5. Signature of New Registered Agent</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> <b>6. Signature</b> <u>Timothy Elsberry</u> </td> <td style="width: 40%;"> <b>Date</b> <u>12-14-98</u> </td> </tr> <tr> <td> <b>Name (Typed or Printed)</b> <u>Timothy Elsberry</u> </td> <td> <b>Title</b> <u>MANAGER</u> </td> </tr> </table>		<b>6. Signature</b> <u>Timothy Elsberry</u>	<b>Date</b> <u>12-14-98</u>	<b>Name (Typed or Printed)</b> <u>Timothy Elsberry</u>	<b>Title</b> <u>MANAGER</u>								
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### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- Please pay special attention to the mailing address. If it is incorrect, please make the appropriate corrections.  
NOTE: The name of the business entity cannot be altered on the annual report form.
- If the registered agent has changed or moved, please make that correction on this form. The registered agent must be found IN IDAHO at a PHYSICAL ADDRESS. PO Boxes WILL NOT be accepted. If report is for a Limited Liability please refer to # 4 below.
- Corporation: Enter names and addresses of ONLY the president, secretary, and directors in block 4.  
Limited Liability Company: Enter the names and addresses of the managers or members in block 4.  
NOTE: Putting "same as last year" WILL NOT be accepted.
- If the registered agent has been changed in block 2, then the NEW registered agent must accept that position by signing in block 5.
- Corporation: Block 6 must be signed by an officer or chairman of the board of the corporation. Signer must specify his or her title.  
Limited Liability Company: Block 6 must be signed by a manager or member, who must specify his or her title.

**If the business entity is no longer doing business in Idaho, please contact the Secretary of State's office at (208) 334-2301 for further instructions.**

**NOTE:** The annual report must be received by the Office of the Secretary of State on or before November 30. Postmark date will not be accepted. Failure to timely file shall: (1) Subject a domestic corporation to administrative dissolution proceedings; (2) Subject a foreign corporation to proceedings to revoke its certificate of authority; or (3) Subject a limited liability company to cancellation of its articles of organization or certificate of registration.

**DUE NO LATER THAN NOVEMBER 30**