

No. W 11517	Due no later than Feb 29, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. JB MECHANICAL SERVICE LLC JEFFREY DAVID BOYETT PO BOX 1421 KETCHUM ID 83340		JEFFREY DAVID BOYETT 2950 SHENANDOAH DR HAILEY ID 83333 3820 GLENBROOK DR. HAILEY, ID 83333																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			3. <u>New</u> Registered Agent Signature.																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 5%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JEFFREY D BOYETT</td> <td>PO 1421</td> <td>KETCHUM</td> <td>ID</td> <td>USA</td> <td>83340</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JEFFREY D BOYETT	PO 1421	KETCHUM	ID	USA	83340	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JEFFREY D BOYETT	PO 1421	KETCHUM	ID	USA	83340																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 11517	6. Signature: <u>Jeffrey D. Boyett</u> Date: <u>2/16/16</u> Name (type or print): <u>JEFFREY D. BOYETT</u> Title: <u>OWNER</u>																																					

Issued 02/09/2016 by DK1

125029

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To correct a mailing address, the corrected address must be inside Block 1.