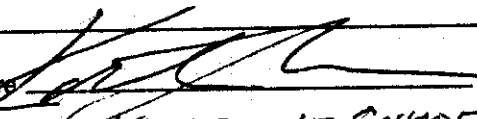


<b>No. W 57452</b>	<b>Due no later than December 31, 2007</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b>											
<b>Return to:</b> SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  JAGGRO LLC PO BOX 1079 VICTOR, ID 83455		KATE SCHADE 505 SYRINGA LN VICTOR, ID 83455  <b>3. New Registered Agent Signature</b>											
	<b>4. Limited Liability Companies: Enter Names and Addresses of Managers.</b> <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td><u>ONLY MANAGER</u></td> <td>KATHERINE SCHADE</td> <td>505 SYRINGA LANE</td> <td>VICTOR</td> <td>ID</td> <td>83455</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>ONLY MANAGER</u>	KATHERINE SCHADE	505 SYRINGA LANE	VICTOR	ID
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
<u>ONLY MANAGER</u>	KATHERINE SCHADE	505 SYRINGA LANE	VICTOR	ID	83455									
<b>5. Organized Under the Laws of:</b> IDAHO W 57452	<b>6.</b> Signature  Date <u>10.12.07</u> Name (Typed or Printed) <u>KATHERINE SCHADE</u> Title <u>ONLY MANAGER</u>													

Issued 10/01/2007

Do Not Tape or Staple

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