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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------|---------------------|
| No. <b>W 56729</b>                                                                                                                                     |               | <b>Due no later than Dec 31, 2016</b>                                                                                                                       |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>J & M RENTALS, LLC<br>PO BOX 1811<br>IDAHO FALLS ID 83403 |             | ROBERT HOWARD<br>309 S SKYLINE DR<br>IDAHO FALLS ID 83402 |                     |
|                                                                                                                                                        |               |                                                                                                                                                             |             | 3. <u>New</u> 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 |
| MANAGER                                                                                                                                                | ROBERT HOWARD | 309 S SKYLINE DR                                                                                                                                            | IDAHO FALLS | ID                                                        | 83402               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 56729</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: ROBERT CRANDALL<br>Name (type or print): ROBERT CRANDALL<br><br>Date: 11/29/2016<br>Title: AGENT            |             |                                                           |                     |
| Processed 11/29/2016                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                   |             |                                                           |                     |