No. W 69379	Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011	BOX)	Registered Agent and Office (NOT A P.O. BOX) JASON CRAWFORTH			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. JLC LIQUOR, LLC JASON L CRAWFORTH PO BOX 9307 BOISE ID 83707	760 MAIN ST BOISE ID 83702 3. New Registered Agent Signature.				
reinstatement fee due: \$30.00					<u></u> .	
4. Limited Liability Compan Manager or Member Nam	iles: Enter Names and Addresses of Managers OR Members. ne Street or PO Address	. See Instruction City	ns. State	Country	Postal Code	
Manager)Member (circle one) Vasor Craw	Fath po Box 9307	Benx	ΙØ	104	83702	
5. Organized Under the Laws of IDAHO W 69379 Issued 03/17/2011 by SLD	Name (type or print): Jasa Camfart	<i>L</i>		Date: Title: ¿	4/9/4 Onse	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Circle either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company.**Note: Do not put "same as last year" or "same as above". These will not be accepted.**

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.