No. W 6633 Return to:		Due no later than Jul 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. JTS FARM STORE, L.L.C. LEA A SCHRADER 447 E 1ST AVE GLENNS FERRY ID 83623		2. Registered Agent and Address (NO PO BOX) JAMES T SCHRADER 447 E FIRST AVE GLENNS FERRY ID 83623 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	JTS FARM ST LEA A SCHR 447 E 1ST AV						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: E	nter Names and Address	ses of at least one Member or Manager.					
Office Held Name	e	Street or PO Address	City	State	Country	Postal Code	
	S T SCHRADER NNN T SCHRADER	PO BOX 801 PO BOX 801	GLENNS FERRY GLENNS FERRY	ID ID		83623 83623	
5. Organized Under the Laws of	6. Annual Repo	6. Annual Report must be signed.*					
ID ID	Signature: Le	Signature: Lea Ann Schrader		Date: 06/14/2018			
W 6633	Name (type o	Name (type or print): Lea Ann Schrader		Title: member			
Processed 06/14/2018	* Electronically	* Electronically provided signatures are accepted as original signatures.					