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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------|---------------------|
| No. <b>W 34622</b>                                                                                                                                     |              | <b>Due no later than Nov 30, 2011</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>JV GALLERY, LLC<br>LAVERNE L BOHN II<br>210 NW WILSON CIR<br>MOUNTAIN HOME ID 83647 |               | LAVERNE BOHN II<br>210 NW WILSON CIR<br>MOUNTAIN HOME ID 83647 |                     |
|                                                                                                                                                        |              |                                                                                                                                                                                       |               | 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 |
| MEMBER                                                                                                                                                 | LAVERNE BOHN | 210 NW WILSON CIRCLE                                                                                                                                                                  | MOUNTAIN HOME | ID                                                             | USA 83647           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 34622</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: LaVerne Bohn II<br>Name (type or print): LaVerne Bohn II<br>Date: 10/08/2011<br>Title: Member                                         |               |                                                                |                     |
| Processed 10/08/2011                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                             |               |                                                                |                     |