| No. **W 98663** | **Due no later than Dec 31, 2012** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **Annual Report Form**<br>**1. Mailing Address: Correct in this box if needed.**<br>MJ CAPITAL LLC<br>1865 DOVE DR<br>AMMON ID 83406-6621<br>USA | MICHAEL F ARAVE<br>1865 DOVE DR<br>AMMON ID 83406<br><br>3. New 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 | MICHAEL F ARAVE | 1865 DOVE DR | AMMON | ID | USA | 83406-6621 |
| MANAGER | JOLENE T ARAVE | 1865 DOVE DR | AMMON | ID | USA | 83406-6621 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 98663** | Signature: Michael Arave | Date: 10/26/2012 |
| | Name (type or print): Michael Arave | Title: Manager |

Processed 10/26/2012

* Electronically provided signatures are accepted as original signatures.