No. **W 98663**	**Due no later than Dec 31, 2013** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** MJ CAPITAL LLC 1865 DOVE DR AMMON ID 83406-6621 USA	MICHAEL F ARAVE 1865 DOVE DR AMMON ID 83406 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 **W 98663**	Signature: Michael F. Arave	Date: 12/08/2013
	Name (type or print): Michael F. Arave	Title: Member

Processed 12/08/2013

* Electronically provided signatures are accepted as original signatures.