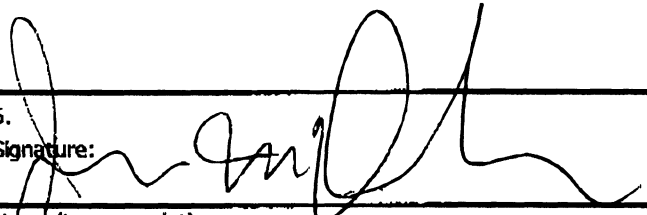


3/4/2014

W 78178

No. W 78178	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) JONATHON MCOMBER 1116 ARTIC WILLOW DR REXBURG ID 83440																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. J MCOMBER LLC JONATHAN C MCOMBER 1116 ARTIC WILLOW DR REXBURG ID 83440		3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jonathan C McOmber</td> <td>1116 Arctic Willow Dr</td> <td>Rexburg,</td> <td>ID</td> <td>USA</td> <td>83440</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Angela D McOmber</td> <td>same as above</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jonathan C McOmber	1116 Arctic Willow Dr	Rexburg,	ID	USA	83440	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Angela D McOmber	same as above					Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 78178		6. Signature:  Name (type or print): Jonathan C. McOmber Date: Feb 27, 2014 Title: Member																																				

Issued 03/04/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM